ROLE OF THE NORTHERN NURSE AND OTHER PROFESSIONALS IN COMBATING WIFE ABUSE: IMPLICATIONS FOR ADMINISTRATIVE POLICY AND EDUCATION

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by

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ABSTRACT

The purpose of this study was to examine the role of the Northern nurse in combating wife abuse in the Keewatin region of the Northwest Territories. More specifically, existing administrative policy and current nursing education in this area of wife abuse were reviewed in the light of responses received from nurses and other professionals. The conceptual framework for the study was based on a nursing model of self-care developed by Orem (1980).

Data were obtained for this descriptive study by means of a questionnaire sent to nurses, social workers, police, clergy, school principals, and Inuit leaders in the Keewatin region. Information was gathered dealing with the incidence, type and severity of abuse, the relationship of alcohol consumption and economic status of the families with wife abuse, the support systems presently available to abused Inuit women, the nature of health care policies pertaining to wife abuse, and nurses' perceptions of their role in preventing this abuse. Through frequency distributions, patterns of the data were examined and displayed.

The overall findings indicated evidence of both physical and psychological abuse towards Inuit women by husbands including common-law husbands. It was further revealed that abuse was judged by respondents to be more

prevalent than the actual cases reported. With respect to the nurse's role, a majority of nurses perceived nurses playing a significant role towards the prevention of wife abuse. However, social workers were viewed as the most significant group currently providing services to abused Inuit women.

Several recommendations were made to strengthen the administrative policies, practice and training of nurses, and of professionals associated with them in dealing with and preventing wife abuse, including clergy and school administrators. Recommendations for further research were also made.

What emerged from this study was the need for a new social dimension to the role of the nurse in providing health care, including counselling, for abused women.

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CHAPTER I

INTRODUCTION

Reports from various Canadian studies indicate that wife abuse is now recognized as a national social and health concern. It has been estimated that one in ten women in Canada; or approximately 500,000 women are abused by their husbands every year (MacLeod, 1980, p. 38). It is doubtful if any area is immune to the problem. For example in the city of St. John's, from June 1981 to June 1984, there were 335 women and 451 children admitted to the Transition House in the city. There were another 734 distress calls received, nearly all related to wife abuse (Report, Transition House, 1984). Most studies indicate that "reported" cases represent only the "tip of the iceberg"; it is widely believed that wife abuse is even more under-reported than rape (Allen, 1980).

Most Canadian research has involved abuse of the southern Canadian woman and family. Very little information exists on the abuse of Canadian Inuit women, a group experiencing extra-ordinary difficulties in their lives. They may be facing discrimination, both as women and as a race.

Despite the limited research on abuse of Inuit women, it does exist, according to Maeers, Program Planner, Northwest Territories, who states:

> Although there are few statistics, and no scientific studies on abuse of Inuit women, the existence is known by every social worker working in the field. (1981, p. 19)

The problem is a major concern in the Northwest Territories, as in other parts of the country. No longer can professionals working within communities afford to ignore the problem. The need for involvement is essential. Nurses are in a unique position to become involved. They are among the few professionals who see the family in its natural surroundings, the home. They can simultaneously serve as advocates and as coordinators of a team approach among the various community support systems. A team consisting of professionals in health care, education, social work, law enforcement, and religion, together with Inuit representatives can play a significant role in the prevention, detection, and control of abuse, against Inuit women residing in northern communities.

Statement of the Problem

Concerns and issues surrounding wife abuse are complex. Its impact is felt not only by the woman, but by all members of the family. Therefore, in order to determine effective policies to meet the needs of abused Inuit women and their families, it is essential to determine first the severity of abuse against Inuit women. Although Inuit women

are not voicing their concerns openly, evidence indicates that they are suffering from experiences of abuse similar to those of white women. Maeers states that not only is the existence known by every social worker, it also occurs between elderly couples as well as recently established marriages (1981, p. 19).

This study investigated abuse against Inuit wives living in the Keewatin region of the Northwest Territories and examined the nature of the nurse's role in the detection, prevention, and control of abuse against Inuit women. More specifically, this study addressed the following questions:

1. What is the incidence, type and severity of abuse against Inuit wives?
2. Is there a relationship between alcohol consumption and wife abuse?
3. Is there a relationship between unemployment in the family and wife abuse?
4. What support systems are presently available for abused wives?
5. Are there formally written health care policies pertaining to nursing intervention in the abuse of Inuit wives?
6. What is the nature of the present health care policies in the Keewatin region?
7. How do nurses perceive their role in preventing abuse against Inuit wives?

8. What changes do nurses identify as required to deal more adequately with the problem of wife abuse?

Significance of the Study

It is hoped that this study will provide insights to enable nursing administrators to develop policies and organize programs to assist nurses working directly with wives who are abused. It is intended to be especially significant to the following:

1. Nursing administrators in the Medical Services branch of the Department of National Health and Welfare of the Government of Canada.
2. Community health nurses and nurses working in the nursing stations in the communities.
3. The Association of Registered Nurses of the Northwest Territories.
4. Other professional groups in the Keewatin communities involved with abused Inuit women, including social workers, police, clergy and teachers.
5. Inuit leaders and concerned native citizens.
6. Directors of the diploma and baccalaureate programs in schools of nursing.

Theoretical Framework

A theory for nursing intervention in the problem of wife abuse must, of necessity, draw upon a nursing conceptual model. The model of self-care, developed by Orem (1980) is

used for this study. The general theory revolves around the concept of self-care, which is defined as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being" (Orem, p. 35). A nurse can identify the strengths and needs of clients in the light of self-care.

According to this model, the entry point for nursing intervention occurs when a client's self-care is decreased, that is, when the client is unable to meet his or her own needs for the basics of life. Nursing intervention is required in the promotion of self-care for abused women. The goal of nursing is to accomplish self-care or assist the individual in the development of self-care.

Several important concepts can be drawn from this model of nursing which are relevant to the delivery of care to abused women. Self-care nursing is viewed as a humanistic approach, and it can be applied to any clinical nursing practice, whether hospital, community, or private. The approach is towards the client who identifies and discusses with the nurse, needs and concerns of health and wellness (Savage, 1981). It is important, therefore, for nurses to be aware of the problem of wife abuse, its impact and possible interventions.

Part of the complexity of prevention of abuse of women results from historical views and attitudes towards women. In order for the nurse to provide effective and

adequate nursing care to abused wives, it is important that she first examine her own feelings regarding her beliefs and attitudes surrounding the issues of wife abuse. There may be some uneasiness in approaching the abused, due to her own cultural conditioning concerning attitudes towards women. Traditionally, and to some extent today, people have learned to believe that a woman's primary obligation is first and foremost that of wife and mother. Due to these beliefs, serious consequences have resulted from the approaches to treatment for abused women. An example of this is clearly expressed by a physician who states:

> If a woman comes in with bruises, I ask about the cause. If she says, "I fell down the stairs", I accept her explanation. Upon examination however, I may feel that she didn't sustain these bruises by falling down the stairs. Somebody may have hit her. I accept the patient's story.... We don't have the time or the background for the reason of the assault. ...It's a personal problem between man and wife. (MacLeod, p. 67)

Health care professionals, including nurses, have often overlooked and minimized the needs of women in an abusive situation.

The ~~concept~~ of self-care can help nurses develop capabilities (1) to identify the self-care requisites of clients, (2) to select and confirm the general methods through which each identified requisite can and will be met, and (3) to identify the actions to be taken in meeting each

specific self-care requisite (Orem, p. 40). In order to assess the level of self-care of the women and families in the Keewatin district, the nurse will need to organize nursing care specifically towards the needs of the Inuit women. Such factors that interrelate and interplay when planning the development of self-care for Inuit women include the culture, the family unit, and other support systems within the community.

Inuit women, like women elsewhere, are experiencing stress and crisis, resulting from abuse by the men with whom they live. The professional nurse can play a significant role in promoting self-care through maintaining an attitude of trust and support, genuine concern, care and willingness to assess abused Inuit women and families in the Northwest Territories.

Delimitations

This study focused on the abuse of women in the native population of the Northwest Territories. The respondents providing information were non-native professionals -- nurses, social workers, police, clergy, and school principals residing in the Keewatin region, and Inuit leaders.

Limitations

There were several limitations to this study which need to be specified.

1. The small sample size and geographical location limited the generalizability of the results.
2. Researcher bias.
3. The study was dependent upon mailed questionnaires.
4. The sample selected consisted mostly of non-permanent, non-Inuit government appointed personnel whose views may differ from those of the Inuit population.
5. Reliability data on the instrument was not available since this instrument had been developed specifically for this study.

Definition of Terms

The major terms which have been used throughout this study are as follows:

Association of Registered Nurses of Northwest Territories. The licencing body for competence to practise nursing in the Northwest Territories. The objectives include serving the interests of the profession and the public by promoting measures to maintain and improve standards of nursing education and service.

Community. Isolated areas of the Keewatin district, where groups of people live. According to the 1982 census, there were seven communities ranging in population from 176 to 1,126 people.

Community Health Nurse. A nurse who works directly with families in the community. Her primary function is the prevention of disease, and the promotion and maintenance of the physical, social and emotional well-being for all individuals (Tinkham and Voorhies, 1972, p. 114).

Community Health Representatives. Native para-professionals working in nursing stations and health centres in the North. They are members of their communities, facilitate two-way communication between clientele and the health care providers, and provide assistance and support for the nurses (Johnson, 1984).

Inuit Leader. An Inuit person selected for the researcher by a social worker on the advice of another Inuit and judged to possess the trust and confidence of the Inuit community.

Medical Services. A branch of the Federal Department of National Health and Welfare. It provides acute care and preventative services to the communities of the Northwest Territories, with the exception of Yellowknife, Hay River, Fort Smith, and Frobisher Bay (Report on Health Conditions in The Northwest Territories, 1982).

Nurse. A person who is registered or licenced to practise nursing (Canadian Nurses Association, Ottawa).

Nursing Station. A small health care facility which provides acute care to clients and families, within the northern communities. It is under the administration of the Medical Services Branch of the Federal Department of National Health and Welfare, Canada. Each station is administered by a nurse. The nursing staff may range from one to five nurses in a community.

Policy. A guide for discretionary action. It must be narrow enough to give clear guidance to the nursing supervisor as she makes decisions. But it must be broad enough to leave room for her to use her own discretion in making decisions...room for her to maneuver as necessary in meeting the circumstances of individual cases (Davis and Brickell, 1976).

Violence. An act carried out with the intention of, or perceived as having the intention of, physically hurting another person (Straus and Hotaling, 1980, p. 22).

Wife Abuse. Physical act perpetrated by an adult male towards his wife which may range from assaults causing bruises to more severe injuries requiring extensive medical treatment, and psychological abuse that may take the form of insults, criticisms and accusations by the male towards his wife. It includes marital or common-law relationships.

Wife and Husband. This study will refer to couples legally married and couples in common-law marriage.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

Introduction

The literature related to this study is divided into five sections: the traditional role of women in society; the causes of wife abuse; the structure and delivery of health care in the Northwest Territories; the role of the nurse in the delivery of health care to abused wives; and the implications for policy formulation.

> Wife abuse is a fact of life in families across Canada. Women are kicked, punched, beaten, burned, threatened, knifed, and shot, not by strangers who break into their houses, or who attack them on dark streets, but by husbands and lovers they have spent many years with -- years with good times as well as bad. (Macleod, 1980, p. 3)

Wife abuse is not a new problem. Women have been struggling for centuries against injustice and unfair conditions. Women have been considered weak, inferior, and unequal compared to men. From its early beginnings, the legal system confirmed and supported unequal relationships between men and women. "Women simply were not considered to be persons under the law. They could not own property; they were denied access to the production market; and, within marriage, they and their children were the property of their husbands" (Clarke and Lewis, 1977, p. 113).

Society, in general, and marriage in particular, have placed women in a position to become easy victims of abuse by husbands.

In order to understand more fully why this form of violence against women continues to be tolerated and condoned in today's society, a historical perspective of abuse against women will be presented.

The Traditional Role of Women in Society

Several comprehensive historical studies of the history of wife abuse have been done. Dobash and Dobash (1977) place wife abuse in its historical context as a form of behaviour which has:

> existed for centuries as an acceptable, and, indeed, a desirable part of a patriarchical family system within a patriarchical society, and much of the ideology and many of the institutional arrangements which supported the patriarchy through the subordination, domination and control of women are still reflected in our culture and our social institutions. (p. 2)

Brownmiller (1975) suggests that historically women preferred to cope with one man's arbitrary discipline rather than be ravaged by many men, and that from Biblical days women have traded freedom for security by mating with one man to protect themselves from the assaults of many men. Women were actually purchased and became the legal property of men.

The development of marriage and the nuclear family placed a woman in the relationship where she became the property of her husband and she was expected to comply with his demands. Dobash and Dobash (1977) trace the history of patriarchy. They claim that the first law of marriage was proclaimed by Romulus in 753 B.C. It proclaimed that women were "to conform themselves entirely to the temper of their husbands and the husbands to rule their wives as necessary and inseparable possessions" (p. 4). There was no place in Roman society for detached persons, and a woman had no alternative except to marry and become a "necessary and inseparable possession". By marriage a woman "came into the hand", or under the control of her husband. The man was the absolute patriarch who owned and controlled all properties and people within the family. A wife was obligated to obey her husband and he was given the legal right and the moral obligation to control and punish her for any "misbehaviour", including adultery, drinking wine, attending public games without his permission, or appearing unveiled in public.

The husband was given full power to judge and censor his wife. There was a definite standard which protected the rights and authority of husbands and, legitimized the subjugation of wives through force. This was clearly stated in a speech delivered by Cato the Censor during the fifth century, B.C. Speaking about the appropriate response to marital infidelity, he said, "If you catch your wife in

adultery, you could put her to death with impunity, she, on her part, would not dare touch you with her finger; and it is not right that she should" (Dobash and Dobash, p. 4).

There is a vast amount of literature written regarding Roman laws for proper wifely behaviour, such laws pertained to adultery, infidelity, and sexual jealousy. The punishment for such offences were very severe. Dobash and Dobash (1977) state that any indication where a wife was not under the complete control of her husband was seen as sufficient grounds for beating her, even to excess. They provide an example of a husband:

> who beat his wife to death because she had drunk some wine; this murder far from leading to his being denounced was not even blamed. People considered that her exemplary punishment had properly expiated her offence...for any woman who drinks wine immoderately closes her heart to every virtue and opens it to every vice. (p. 5)

Not only the state but the church as well, supported the subordination of women and the husband's control over his wife. Martin (1976) points out that during Medieval times, the law of the land was really the law of the church, and the civil courts were puppets of the formal hierarchy. Martin indicates the Judeo-Christian doctrine, which supported the inferiority of women and the superiority of men, gave its stamp of approval to wife abuse.

The Bible provides some of the earliest prescriptions for physical punishment of wives. Deuteroromy 22: 13-21 gives a law condemning brides to death by stoning if unable to prove virginity (Campbell and Humphreys, 1984). By the Middle Ages, the status of women in the Roman Catholic church was so debased that according to Davidson (1978), "men were exhorted from the pulpit to beat their wives and wives were to kiss the rod that beat them" (p. 98). This writer points out that this teaching of wife abuse, combined with the doctrine that women and children by nature could have no human rights, had taken such hold by the Middle Ages, that men had come to treat their wives and children worse than their beasts. In general, the church viewed women as basically simple creatures, ordinarily incapable of higher spiritual or intellectual achievements; women were weak, both physically and morally, and they were placed under the total control of their fathers and husbands (Hofeller, 1982).

Dobash and Dobash (1977) indicate that the legal systems in Europe, England and early America supported a husband's right to beat his wife and so did the community norms. In France, for example, during the eighteenth century, it was considered appropriate for a husband to chastise his wife for reasons such as assertion of her independence, wanting to control her property after marriage, adultery, or suspected infidelity, but the beatings were supposed to conform to the rules of legitimate punishment. The

chastisement of wives, like that of children, was to be restricted to "blows, thumps, kicks, or punches on the back...which did not leave any marks..." (Dobash and Dobash, 1977, p. 8).

The Trend Towards Reform

It was not until the seventeenth century that the husband's power over his wife began to be doubted, and not until the nineteenth century that the struggle for equality began in Britain and America, and laws against wife beating were actually passed. Martin (1976) claims that by the 1880's in Britain the law at least allowed a wife who had been beaten by her husband to the point of endangering her life to separate from him. In 1891, the law for the first time forbade a man to keep his wife imprisoned under lock and key. This was the beginning of the trend in England towards making wife beating a crime. However, it was not until 1928, that Britain made a ruling whereby women were made legal "persons" in that country (Ray, 1971).

Other countries at this time were likewise beginning to change the laws condoning wife abuse. France outlawed wifebeating in 1924. Scotland and Iran passed similar laws in the 1970's; Brazil made it illegal for husbands to sell, rent, or gamble away their wives, and Italy outlawed wife-beating in 1975 (Morgan, 1982).

At the beginning of the twentieth century the problems associated with inequality and abuse of wives were receiving attention not only in Britain and Europe, but also in Canada. Women were challenging the traditional laws. Canadian women were struggling against conditions similar to those of women elsewhere.

History of Canadian Women

Canadian laws grew largely out of British and European societies -- a patriarchial society which was upheld by the church and the law. Both very much helped to shape the attitudes of women as well as men in this country (Matheson, 1976).

Cochrane (1977) describes the conditions under which women first came to this country. She writes:

> Women came to Canada in the wake of man, individually and in wholesale lots.... Women arrived as wives, daughters, sisters, aunts and mothers, attached to families headed by a man. Women without families were sometimes sent in groups as potential wives. The French government supplied soldiers -- colonists with boatloads of women, complete with dowries, from whom to choose spouses. Women were also sent to British Columbia for matrimonial purposes by the English government. (p. 7)

Bassett (1975) describes the conditions of married women:

> At the middle of the last century Canadian women were not legally regarded as "persons" under the British North American Act. Nor, for that matter were

> they treated as such, for under the laws of the time they had few more rights than animals: They had no vote in federal, provincial, or municipal elections; they had no property rights, and they had no rights to own children; the father was the sole guardian of his children until they reached the age of 21. (p. 29)

As late as 1928, the Supreme Court of Canada ruled that women were not "persons" in the law, and only the overturning of that ruling in Britain in 1928, made women legal "persons" in this country (Hosek, 1983). This period is recognized as a landmark in the history of Canadian women. After this ruling, changes in other laws for extension of justice to women were undertaken. This time, however, women were challenging the ideal of womanhood -- that is, they were challenging their rights more as individuals.

From 1840 to 1940, many major battles towards rights and equality for women in Canada were fought and won. Women, such as Emily Stowe, Nellie McClung and Emily Murphy, fought hard to gain the rights that women today take for granted. Women are now eligible to vote in federal and provincial elections; women no longer have to give up rights to their property when they marry; they are now entitled to a portion of the estate if their husband dies before them; and, women today are free to attend university and enter a profession of their choice (Bassett, 1975).

Despite these signs of change, prejudices and customs alter slowly. Many of the traditional laws, customs and myths that were invented in the Roman culture to excuse the subjugation of women, continue to have a profound and lasting effect on our current attitudes and behaviour. The struggle for women is not over; the struggle against abuse of women has just begun. It was only during the past decade that abuse against women has been acknowledged as a serious problem, and has finally gained the public's attention. Women's groups have contributed much to alert and create this new awareness for the public. They have provided films, instituted educational programs in the school, conducted on-going conferences and workshops across the country, and provided a vast amount of literature and research about this area of violence (Wilson and Clarenbach, 1980).

A critical moment for all women came in 1967, when pressure by women's groups on the government brought about the establishment of the Royal Commission on the Status of Women (Hosek, 1983). Another major breakthrough was in 1975 when the United Nations proclaimed that year, International Women's Year. Despite these changes it is not easy to achieve equality but nonetheless progress is continuing for Canadian women.

Most of the literature related to the struggles for equality that Canadian women are facing today, apply only

to those women residing within each province of the country. Very little information is written of Canada's northern women, the Inuit, a group living largely within the Northwest Territories. However, a review of the literature pertaining to the traditional roles of Inuit women indicates they did not experience until very recently conditions similar to the women in the South. What has created this change in the North?

History of Canadian Inuit Women

The literature has in some cases provided some distorted ideas about Inuit women (Williamson, 1974). Burch (1975) describing the allocation of power and responsibility in terms of the husband-wife relationship, states:

> The institutional mechanisms by which a traditional husband or wife could hold one another responsible for their actions were limited. Neither had recourse to legal sanctions that could be enforced by some more general authority, and conflicts had to be worked pretty much at the personal and family levels. (p. 92)

Burch points out from his research that there was no denying that actual cases occurred, however, wife beating and mutilation were distinctly frowned upon and considered shameful, in traditional times.

Williamson (1974) who researched Inuit culture in the Keewatin region agrees with Burch. He again emphasizes the significance of the Inuit women living in this area of

the Territories. According to this writer, the Inuit society invested considerable authority in the female role.

Williamson speculates that maybe women were held in such high regard because of the natural recognition that new life comes forth from woman and so, just as the source of the future generation is the female, so the sources of life in the sea and the cosmos are also female (p. 46).

The distinct feature that emerges from the literature review regarding the Inuit family is the outstanding cooperation and sharing by husband and wife through their division of labour, a significant factor which helped strengthen the husband-wife bond (Balikci, 1970). Although there were clearly defined roles for women and men, each was significant to the survival of the family (Williamson, 1974).

The literature clearly indicates that the basic social and economic unit of the Inuit society was the family, where all members of the family held each other in respect and esteem. It was the source of socialization and the centre of orientation for the Inuit individual during the whole of his life (Williamson, 1974). Each individual took on his or her responsibilities at an early age as parents handed down their skills to sons and daughters. Freeman, (1984), a Canadian Inuit author, points out the significant role of the mother in passing on these skills. She writes:

> Traditionally Inuit women were and still are the keepers of the hidden values -- the family and community values that one cannot see or study by being an outsider. Inuit women are trained from birth to control the foundation of families, the foundation of relations, the foundation of beliefs, and the foundation of cultural values. They get respect at the same time -- that is, the goal of the training. (p. 57)

Influx of White Population to the North

Few people have experienced such drastic changes in their ways of living as the Inuit in the Canadian North, during the last generation. According to a report prepared by the Federal Department of Indian and Northern Affairs, it has only been fifty years since southern Canada established its first permanent posts in the North. At that time Inuit people were still living in a manner that had been maintained for generations: shelter was a tent in the summer and a snow house in the winter (1978).

The Canadian Government first proposed a policy in the early 1950's, in response to a variety of factors, one being the public's concern with the neglected problems faced by Inuit people, including such unhealthy living habits as over-crowding, inadequate water supply, and high infant mortality (Spady et al., 1982). As a result of this policy, the Department of Northern Affairs and Natural Resources was created in 1953. Following this, the Inuit people were then

provided with the benefits already received by other Canadians, such as, health care services and facilities, formal education, along with old age pension, family allowance, unemployment insurance and social assistance (Indian and Northern Affairs, 1978).

With these benefits came the white population including police, teachers, nurses, social workers and government administrators. The old nomadic way of life was now beginning to be replaced by permanent communities. The Inuit families preferred to stay close to their children, (they were now receiving compulsory education) and within easy reach of health and social services provided by the government (Indian and Northern Affairs, 1978).

The large influx of the white society to the Northwest Territories has helped to bring about many improved changes such as better health care services, advanced education and improved economic assistance. There have been other changes as well, brought about during recent years -- those changes associated with social disruption as a result of social change. The once peaceful and harmonious Inuit family has now been replaced by one of stress and anxiety. These rapid, social, cultural and economic changes have left the Inuit with more difficult problems. Inuit people today are confused -- they find themselves caught between their own traditions and those of southern society -- a society with different values and customs from those of the North (Indian and Northern Affairs, 1978).

During a conference in the Northwest Territories, sponsored by the Yellowknife Women's Support Group, 1983, a summary of the meeting by Thorson stated that "hundreds of battered women in the Northwest Territories need counselling and shelter, and it's the responsibility of local community groups to make their services available and known" (p. 1).

The Causes of Wife Abuse

In order to plan preventive programs for abused wives, it is necessary first to have an understanding of the causes of this complex problem. However, the search for causes is not easy. Although there is considerable literature on various theories relating to the causes of wife abuse it is only during recent years that theorists have concluded there is no one specific cause. Rather, violence in the family develops out of a combination of factors. Straus (1979) indicates that one of the first factors associated with abuse against wives is that violence is frequently tolerated, often valued, and sometimes mandated in marriage. He also indicates that not only are there numerous factors involved, but they all interplay and interact with one another, and it is only when they are considered in this context that we can begin to understand the causes of wife abuse.

According to another theorist, Gelles (1978), it appears that violence is produced by the very nature of our society and the family system. Violence is an accepted part of our society and, quite often it is considered to be an appropriate solution to problems or frustrations (cited in D'Oyley, 1978). Straus (1979) postulates a model of the various causes that account for the high incidence of wife abuse (Figure 1). He divides them into three broad groups:

1. Psychological - the characteristics that are inherent within the individual husband, i.e., aggressiveness, low frustration tolerance.
2. Cultural - the cultural norms and values concerning the family, including a widely shared rule that gives some family members the right to hit other family members.
3. Social Organizations - the organizations of the family and society.

High Level of Conflict in the Family

It is the combination of these factors as shown in Figure 1, that makes the family one of the most violent of all institutions. Straus (1979) states:

> the more intimate the ties between members of a group, the higher the average level of conflict, and since the family is one of the most intimate types of groups, the level of conflict is particularly high within the family. (p. 50)

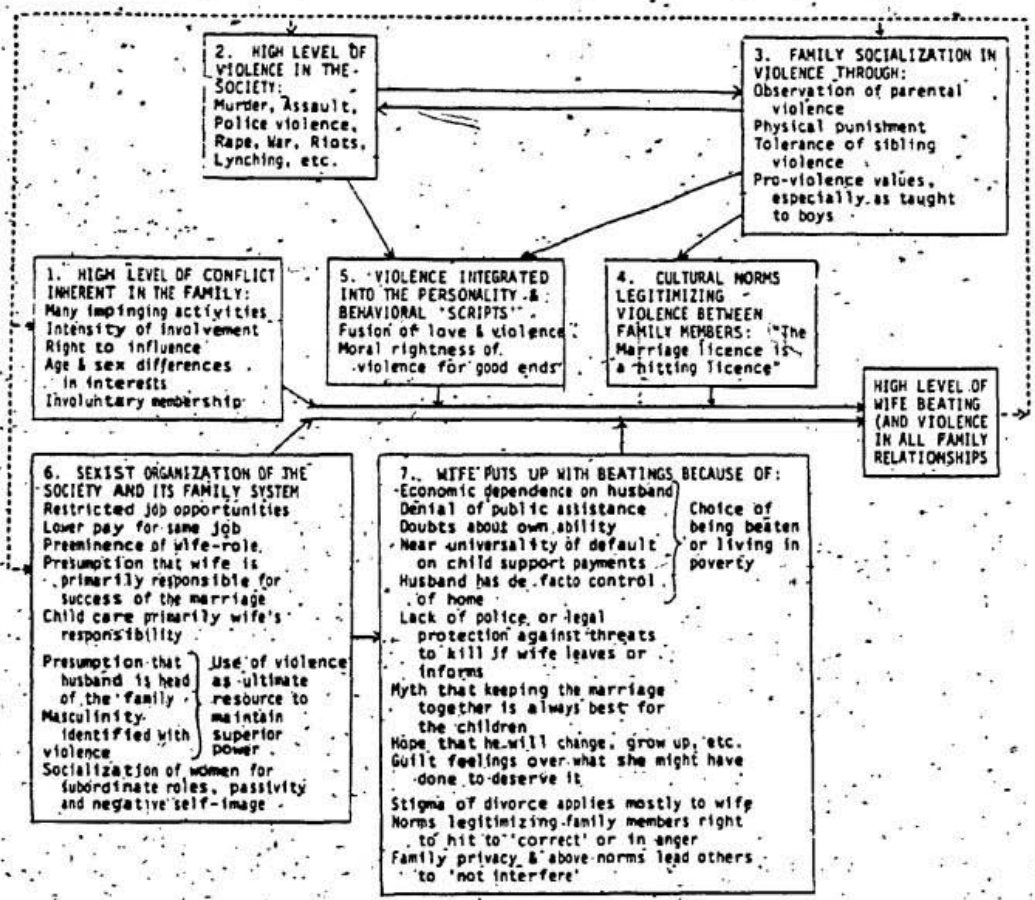

Figure 1: FLOW CHART ILLUSTRATING SOME OF THE FACTORS ACCOUNTING FOR HIGH INCIDENCE OF WIFE BEATING (solid lines) AND POSITIVE FEEDBACK LOOPS MAINTAINING THE SYSTEM (dashed lines). (Cited in Straus and Hotaling, 1980)

Some of the high risk characteristics which give rise to violence within the family are:

1. Time at Risk -- the large amount of time family members spend with each other.

2. Range of Activities and Interests -- there are greater opportunities for conflict to arise.

3. Impinging Activities -- many of the activities overlap with each other.

4. Intensity of Involvement -- the high level of emotional involvement hurts much more inside the family.

5. Right to Influence -- the presumed right of family members to influence the values, attitudes, and behaviour of other family members.

6. Age and Sex Discrepancies -- the family is composed of people of different sexes and ages with a potential for conflict between generations and sexes.

7. Ascribed Roles -- family roles are assigned on the bases of age and sex, rather than chosen on the basis of interest and/or competence.

8. Family Privacy -- it insulates and isolates the family, friends and often the wider society.

9. Involuntary Membership -- the involuntary (for children) and semi-voluntary (for adults) nature of membership in the family. Participation in an involuntary group gives rise to negative feelings and resentment.

10. High Level of Stress -- families are constantly undergoing changes, including birth of children, maturation, aging, retirement and death.

11. Extensive Knowledge of Social Biographies -- strengths and vulnerabilities, likes and dislikes, loves and fears are all known by family members -- both help and attack intimates. (Straus and Hotaling, 1980)

Other statistics and data (Steinmetz and Straus, 1974) suggest that the family is the most physically violent group that a person is likely to encounter. Gelles (1979) reviews a history of research studies dealing with violence in the family. He provides data from the entire United States which reveals that from twenty percent to fifty percent of murders take place within the family. He estimated, from his research, that violent incidents between husbands and wives occur at least once in fifty percent of American families. In fact Gelles states that violence is so common in the family that it is at least as typical of family relations as is love. Similar findings have been made relating to Canadian families. A study of Ontario husband and wife homicides revealed that all the female offenders had been seriously assaulted by their victims. All homicide victims in Canada between 1961 and 1974 indicate that sixty percent of all female victims were killed within a family context (Macleod, 1980). This is ironic since the family is most often viewed as the most loving and supportive group. Green (1980) points out that this is one factor that has prevented society from seeing the violent side of family life.

Steinmetz and Straus (1974) refer to this viewpoint as the "myth of family nonviolence". They write:

> Since the family is seen by society as the focus of love and gentleness, there is a tendency not to perceive or attend to the actual level of conflict and violence which occurs within the family. It is only when violence reaches the extremes of murder and severe injury to a child that society is willing to acknowledge the existence of violence in the family. (p. 47)

Structural Norms and Values within Society

Another factor contributing to wife abuse lies within the structure of society. Straus (1979) argues that the cultural norms and values within society make the marriage licence "a hitting licence". The evidence can be found in expressions and jokes, such as: "A woman, a horse, and a hickory tree, the more you beat 'em the better they be" (p. 47). However, the marriage licence as "a hitting licence" is not just a matter of folklore, Straus states:

> More important it is embodied in the legal system despite many legal reforms favoring women. In most jurisdictions, for example, a woman still cannot sue her husband for damages resulting from his assaults, ...because this would destroy the peace and harmony of the home, and thus would be contrary to the policy of the law. (p. 47)

Our Canadian legal system indirectly encourages women to remain in the marriage. Macleod (1980) states the law both reinforces and helps shape the values Canadians hold about

wife abuse. These values directly mold the policies developed by police, lawyers, and judges to deal with cases of wife abuse. Macleod argues that although a man no longer has the legal right to beat his wife, the attitudes underlying such behaviour continue to exist in today's society. This is supported by a judgment laid down in 1975 by a Canadian court:

> A husband who had tied his wife to a chair, taped her mouth, manually abused her and burned her breasts, received a twelve month suspended sentence and an eighteen month probation order. The reasoning of the court was that its primary objective should be to facilitate and not impede the reconciliation of the spouses. (p. 89)

The inadequate formal and complex legal system is only one part of the problem. Another contributing problem is the mobility of modern society. Couples tend to live separated from their relatives and friends, and many women are isolated from the traditional sources of support. Thus, when tension between husbands and wives is high, there is no one close who can help to prevent the abuse. Straus (1979) indicates that a high risk factor for tension between couples in today's society is the high unemployment rate, since wife abuse increases with unemployment, because it is stressful, frustrating and humiliating.

Data from a study of the parents of university students showed that the percentage of husbands who struck their wives in the last year ranges from a low of four and

seven percent for those whose wives are almost completely or completely satisfied with their family income, up to sixteen and eighteen percent for those whose wives are slightly satisfied or not at all satisfied. Straus (1979) speculates that:

> In industrial societies, the husband's position of leadership is based on the prestige and earning power of his occupation. Consequently, if the husband is unemployed or does not earn an amount consistent with other men in the family's network of associates, his leadership position is undermined. (p. 55)

The literature points out that when this happens, husbands tend to try to maintain their superior position through the use of physical force (Steinmetz and Straus, 1974).

Violence in Society

Most literature supports the idea that we live in a violent society, and that violence is defined as acceptable both in the family and the society as a whole. Palmer (1972) states:

> Since its inception, the United States has been in the front ranks of violent societies. Born in revolution, wracked by civil war, involved in numerous wars, it has also the tradition of bloody rioting, homicide and assault. (p. 15)

Straus (1979) and Gelles (1979) argue that governmental violence is another example of society's acceptance

of violence. Such examples include the controversy over the death penalty, police toughness and the practice of physical punishment in the schools.

The mass media are another example of society's acceptance of violence. Constant exposure to violence on television reinforces in adults and children the belief that violence is acceptable and can be used to secure socially desirable ends (Straus, 1979).

The Family as a Training Ground for Violence

Most writers are in agreement that physical punishment is the foundation on which the edifice of family violence rests. Green (1980) points out that it is the way most people first experience physical violence, and it establishes the emotional context and the meaning of violence. Zagaria et al. (1976) state:

> American culture, and family life within this culture, not only permits but also teaches aggression and violent behaviour. Children are taught to defend themselves at an early age, and boys in particular, are encouraged to respond to aggressive behaviour on the part of other children by fighting back.... Most children also learn at a young age that their parents will use physical force as an acceptable method of discipline. (p. 7)

These writers indicate that various studies both in America and Britain have demonstrated that between eighty-four and ninety-seven percent of all parents use physical punishment at some point in a child's life.

Gelles (1978) points out that other research on murderers, child abusers, and wife abusers confirm the hypothesis that the more violence one experiences in growing up, the more likely an individual is to use violence as an adult. Gelles also indicates the more violence a woman experiences as a child in her family orientation, the more likely she is to be a victim of violence in her own family of procreation (Gelles, cited in D'Oyley, 1978).

Other studies strongly indicate that violence is a result of learned behaviour. Middleton's Nova Scotia study (1981) (cited by Ruskin, 1981) revealed that in many cases, spouses had witnessed physical abuse during their upbringing. Various authors argue that people can be socialized to use violence for conflict resolution, and children learn this by observing parental violence, experiencing physical punishment, and seeing their parents tolerate sibling fighting. Boys are taught to value violence. This socialization teaches the association of love with violence and justifies the use of physical force as a morally correct means of solving disputes.

Sex Role, Sexism and Wife Abuse

The last factor, and the one that Straus (1979) refers to as a major and fundamental cause of the high incidence of wife abuse is the sexual inequality of women

within our society. Historically, men were given complete legal authority over their wives in marriage. Although the laws are changing towards more equality for women, it is more difficult to change attitudes and behaviour. Many of the traditional roles for men and women are continuing to be practised in the behaviours of today's society. Farmer (1979), in her study of contemporary families in Britain, supports this view. She believes the traditional working class is still characterised to some extent by segregated marriage roles and task allocation between the sexes. The man is seen as the breadwinner, while the woman is seen as responsible for taking care of the home and children.

Gelles (cited in D'Oyley, 1978) explains that men are constrained through social norms and social convention to be dominant in the family. There are rules which give men advantages which enable them to be dominant. One example is in the labelling of occupations as "men's work" and "women's work". From the findings of his research he concludes:

> Violence between husband and wife is common when men cannot hold down the dominant position that they see society mandating for them. These husbands who make less income than their wives and who hold less prestigious jobs than their wives, and who believe they should be the dominant member of the family will tend to use violence as a resource to secure the dominant role. (p. 36)

Campbell and Humphries (1984) claim violence can be viewed "as a clandestine masculine ideal in western culture". They write:

> The ideal male wields authority, especially over women, has unlimited sexual prowess, is invulnerable, has competition as his guiding principle, never discloses emotion, is tough and brave, has great power, is adept at one-upsmanship [sic], can always fight victoriously if he needs to, and he doesn't need anyone. (p. 96)

As these writers indicate, this is an impossible standard which creates anxiety in men because of their inability to reach it.

Straus (1979) discusses five other ways by which, he claims, society assigns the dominant role to the man, and thus helps to create and maintain a high level of marital violence.

1. Economic constraints and discrimination. Despite antidiscrimination legislation, Statistics Canada reported in 1980 that women with a university degree earn on average just slightly more than men with only a high school diploma and these women with a university degree earned $21,005, compared to $31,179 for men (Evening Telegram, October 4, 1984). Without access to good jobs, women are dependent on their husbands, and consequently many women continue to endure physical attacks from their husbands because the alternative may mean living in poverty. Lack of

economic alternatives was one of three main factors which Gelles (1979) found associated with beaten wives remaining with their husbands.

2. Burdens of child care. The sexually based division of labor in society assigns child-rearing responsibilities to the wife. This keeps the wife in the dependent, less powerful position, and if she decides to leave the marriage, society does not provide economic provision either for her or for her children.

3. Myth of the single-parent household. Another of the cultural norms which help maintain the subordination of women is the myth that children cannot be adequately brought up by one parent. If women are to have children, so the myth goes, they must also have a man and vice versa. This often forces women into accepting or continuing with a subordinate and violent relationship.

4. Pre-eminence of wife role for women. Under the present system, cultural norms are such that one cannot be a "full woman" unless married. Being a wife and mother is the most important single role for a woman. This dependence on the wife role, as the basis for a respected position in society, makes it difficult for women to refuse to tolerate male violence by ending the marriage.

5. Male orientation of the criminal justice system. Not only is much male violence against wives attributable to the sexist organization of society, but the fact is that the male-oriented organization of the criminal justice system virtually guarantees that few women will be able to secure legal relief. Oftentimes there is difficulty getting even basic physical protection. In combination, these aspects of inequality in society give husbands a legal right to use physical force on their wives.

This multifactoral model which Straus has developed recognizes the social background of a high level of violence in our culture, the sexist organization of the society and its family system, and the cultural norms condoning violence between husband and wife. Straus argues that abuse against wives is only likely to end with a change in the cultural and social organizational factors underpinning parent-to-child, child-to-child, and wife-to-husband, as well as husband-to-wife violence.

Other Factors Related to Wife Abuse

There are other factors found throughout the literature which, according to most theorists, contribute to wife abuse but are not considered directly a cause for the abuse. Such factors include, alcohol, low socioeconomic status and pregnancy.

Alcohol-related violence

Alcohol is viewed as acting as a "super-ego solvent" that releases aggression and violence (Gelles, 1972). Martin (1976) agrees with Gelles who, from his research, argues that individuals who wish to carry out a violent act become intoxicated to carry it out. Having become drunk and then violent, the individual may either deny what has occurred, "I don't remember, I was drunk", or plead forgiveness, "I don't know what I was doing". In both cases he can shift the blame for the violence from himself to the effects of alcohol. From this point of view alcohol, it seems, serves mainly as a facilitator, a trigger for marital conflict.

Low socioeconomic status

Gelles (1979) supports the idea that violence between husband and wife is the result of many socio-economic related variables. He sees social position, unemployment status, and financial circumstances as contributing factors. There is much controversy among social scientists regarding this factor. Martin (1976) and Straus (1979) do not support this contention that working class families are more violent than middle-class families. They argue that lower-class families have fewer resources and less privacy, and are more apt to

contact public social control agencies, such as the police. Middle-class families have greater access to private support services, such as marriage counsellors. Again, this factor may serve as a facilitator for abuse against wives.

Pregnancy and abuse

Several writers have written about the high association between pregnancy and wife abuse. Gelles (1975), in his study involving 80 families, found violence occurred in forty four families. In ten of these forty four families wives reported they had been beaten by their husbands during pregnancy. There is much speculation among the social theorists as to why abuse occurs during pregnancy. Gelles lists five major factors which he believes may contribute to the abuse. They are: (1) sexual frustration, (2) family transition, stress and strain, (3) bio-chemical changes in the wife, (4) prenatal child abuse and, (5) defenselessness of the wife.

The literature review of the dynamics of intra-familial violence has identified a number of factors which interact to create abuse against wives. Family and societal structures are two such factors. Straus (1979) points out, that in order to help abused wives we need to look at the way the family is kept isolated, the way women are dependent on men and how the abuse is legitimized through family roles, mandates and restrictions, and by

looking at the family and society that convey the roles, functions and traditional relationships.

Most of this literature review pertaining to the causes of wife abuse is based on United States statistics. Although the first Canadian transition house specifically for abused women pre-dated the first U.S. house by two years, recent activity in the U.S. has been much more organized and forceful than in Canada. There has been no Canadian national study to determine the incidence of unreported or untreated cases of wife abuse. Many of the reported cases are not statistically documented because police, hospital and social services statistics do not distinguish wife abuse from other family assaults. The Canadian incidence of wife abuse is based on estimated statistics, mostly obtained from statistics on the number of women who are in transition houses and the number of women who file for divorce on grounds of physical cruelty (Macleod, 1980).

The Structure and Delivery of Health Care in the Northwest Territories

The Northwest Territories is the largest, most northerly and most sparsely populated political jurisdiction in Canada. With a lateral extension ranging from approximately 60 to 140 degrees west longitude, and a

vertical extension from 60 to 84 degrees north latitude, it covers more than one third of the area of all Canada, yet it includes less than one half of one percent of the total population of Canada (Spady et al., 1982).

This vast geographical area is sub-divided by the federal government into five regions: Baffin, Kitikmeot, Inuvik, Keewatin and Fort Smith. There are sixty-five communities ranging in size from 15 to 9,972 people scattered across these regions. With the exception of Fort Smith, all regions are within the Arctic with an Inuit population of 16,020, Indian 2,027, and non-native 5,849, according to the 1982 census.

Health Care Organization, Brief Overview

The order of the Grey Nuns was the first to establish a hospital in the Northwest Territories. This was constructed at Fort Providence in 1867. From Confederation on into the first quarter of the twentieth century, penetration of health services into the North was a result of the actions of the Roman Catholic and Anglican missionaries. Mission facilities were constructed at fifteen separate locations in the North between 1867 and 1953. In 1922, the federal government became involved, and by 1930 there were six resident medical officers working in the Northwest Territories. It was not until 1939, however, that the government took responsibility for building and

maintaining health care facilities (Spady et al., 1982).

The period from 1920 to 1950 saw great changes in health care services. During this period a wide array of disease epidemics spread among the Inuit population. This was due mostly to the influx of people from the South who brought with them illnesses unknown to the Inuit people who were very susceptible to these diseases. They contacted influenza, tuberculosis, measles. Many were minor "childhood" diseases in the South but with the intolerance of Inuit people, all age groups within all communities were affected by the disease. During the 1950's, ten percent of all Inuit people were in tuberculosis sanatoria. This caused much disruption and social upheaval among the communities (Indian and Northern Affairs, 1979).

The Northern Health Services was organized in 1954, due largely to social upheaval and disruption. Responsibility for health care was now shared between the federal and territorial governments. As in southern Canada, the Northwest Territories had a comprehensive, universally available health insurance program designed to cover hospital and medical care costs. The Northwest Territories Government was responsible for the health insurance program, while both governments shared the cost for construction of facilities and provision of programs. This area of responsibility for health care services and its financing

remains an issue today and it is continuing to be reviewed (Spady et al., 1982).

Present Health Care System

Responsibility for health care in the Northwest Territories continues to be shared between the Department of Health of the Government of the Northwest Territories and the Medical Services Branch of the Federal Department of National Health and Welfare. The Medical Services Branch provides acute care and preventive services to the majority of communities in the Northwest Territories, with the exception of Yellowknife, Hay River, Fort Smith, and Frobisher Bay. Acute care in these centres is provided by the Northwest Territories Government, Department of Health. Medical Services operates three small hospitals, thirty nine nursing stations, eight health centres and a number of health stations.

The nursing stations located throughout the various communities are very much the backbone of health services in the North. They are usually staffed by one to five nurses, depending on the population size and the particular needs of the community. All nurses come from the South, and many of them have additional training and expertise beyond their basic diploma program. The extra training is essential for their wide range of responsibilities and duties. Another

group of people who are also important helpers in the delivery of health care are community health representatives. They are native Inuit who work in the nursing stations and health centers in the North (Johnson, 1984).

The Keewatin region, the area of focus for this study, consists of seven communities ranging in population from 1,126 to 176 people. Each community has a nursing station, with a nursing staff ranging from one to five nurses. The nurse is recognized as the primary provider of medical services at the community level (Spady et al., 1982). Besides diagnosing and treating illnesses, the nurse plans and implements various programs such as well-baby clinics, tuberculosis and veneral disease follow-up, pre-natal and postnatal care, home visits, school screening and health education programs. The amount and type of health promotional activities are largely left to the discretion of the nurses (Smith, 1984). The nursing stations are visited on a regular basis by physicians operating out of the Health Centre in Churchill, Manitoba.

Where possible, patient services are provided in the individual's home community, but when treatment cannot be provided, arrangements are made for transfer of clients to Churchill or Winnipeg, where appropriate services are available. The Keewatin region, unlike other regions, has no hospitals within its boundaries. Evacuation by charter

aircraft serves as an air ambulance system for these isolated communities.

Although the general health of the Inuit has improved remarkably in recent years, and the life expectancy is far greater than it was only a few decades ago, the health care status of the Inuit is still below that of other Canadians. Young, Zone Director for the Sioux Lookout area, states, "the major hurdles to health in the Arctic are not infectious diseases but the consequences of violence and social disruption" (cited in Smith, 1984, p. 9). Smith, who has worked in a nursing station in the North, supports this view. She points out that Medical Services, in providing more health education programs, will do nothing to reduce morbidity and mortality rates, as they ignore the root social causes leading to social disruption and violence. From all accounts, violence is a major concern for health professionals in the North. From the 1982 statistics report, the leading causes of death were accidents, poisons, and violence (Report on Health Conditions in the Northwest Territories, 1982). Although the kind of violence is not specified, abuse against wives is a contributing factor, when considering the social problems experienced by Inuit people today.

The Role of the Nurse in the Delivery of Health Care to Abused Wives

The definition of nursing practice given by the Canadian Nurses Association is "the dynamic, caring, helping relationship in which the nurse assists the client to achieve and maintain optimal health" (Canadian Nurses Association, 1982). Nursing care of abused women fits well within the scope of this definition, and includes the prevention of wife abuse as well as detection and treatment.

From the literature review pertaining to the incidence of wife abuse, aspects of family interactions, and society's acceptance, it would appear that nursing intervention is essential. It is not enough merely to be aware of the problem of wife abuse. Nurses need to prevent and identify abuse, give care and act as client advocates of survivors of wife abuse. They need to assess the total family in order to meet the needs in ways that are functional to all family members (Brown et al., 1981). It is also necessary that nursing intervention include advocacy at the societal and community levels, as well as at the level of the individual family (Campbell and Humphreys, 1984).

This section will pertain to the role of the nurse in the delivery of health care to abused wives living mainly in North American society, rather than to abused Inuit wives, due to unavailable literature from Inuit society. However, from the researcher's experience with abused native

women living in Northern Manitoba, it is believed that much of this section does have relevance for the role of the nurse working with abused Inuit wives residing in the northern communities within the Keewatin region.

Nursing and Health

The self-concept model developed by Orem (1980) assists in understanding the requirement for nursing intervention in combating wife abuse. According to this theory, "nursing is a concentrated effort towards designing, providing, and maintaining systems of therapeutic self-care for individuals or multi-person units within their daily living" (p. 115). The goal of nursing is to achieve health results from individuals or groups sick or well, when they need help. To achieve health results for clients, Orem advocates that nursing actions be based on a perspective consisting of a number of inter-related components. (See Figure 2.)

Orem (1980) describes health care as based on systems of knowledge about health and disease, and on practices with some demonstrated value in promoting health, or in preventing, curing, or regulating disease. Descriptive systems of preventive health care from a nursing focus are useful in understanding the meaning of health and planning nursing care for abused wives. They provide nurses working with individual families or society-at-large, a perspective

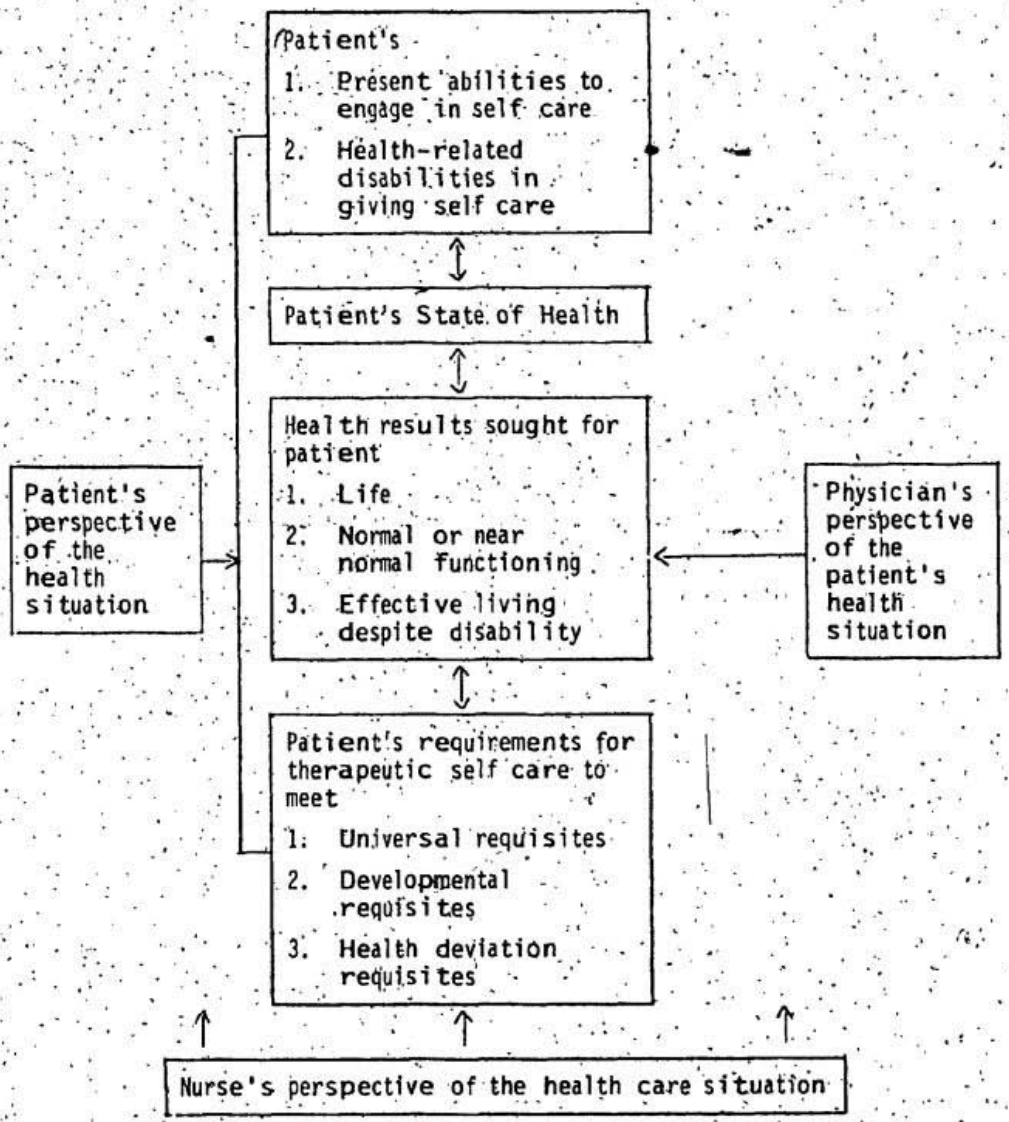

Figure 2: THE PARTS OF A NURSING FOCUS (Orem, 1980)

in developing strategies and preventive programs for wife abuse. These systems of preventive health recognize three levels of prevention, (1) primary or educational, (2) secondary, including early case findings, and (3) tertiary or rehabilitation. The nursing interventions will be based on these three levels of prevention.

Primary prevention

Orem (1980) states that health care at the primary level includes practices to maintain and promote health and development, and to prevent specific diseases. When applying this definition to primary prevention of wife abuse, nurses become involved in community activities. Brown et al. (1981) state that it is at this level that:

> Prevention is aimed at eliminating the social problems which directly or indirectly contribute to wife abuse. It is a long range goal which involves assertive actions towards changing societal norms which contribute to the expressions and acceptance of violence within family relationships and in society in general. It does not deal directly with individuals but seeks to change the attitudes of society, family and family workers. (p. 50)

Macleod (1980) points out that the essential goal at this level is public education -- the need to increase the general awareness of the public about the incidence, the severity, and the characteristics of wife abuse. Nurses can intervene with other professionals to help create public awareness. They can address the issues of wife abuse as

professionals, consumers, parents and concerned community members.

One area where nurses can begin to increase public awareness is in the teaching of effective child-rearing and parenting skills. Gelles (1979) points out that violence is transmitted from one generation to another, when children are hit by their parents as a disciplinary measure. Parents are demonstrating that violence is an acceptable way to deal with conflict. Prenatal classes, which cover a wide range of topics, provide excellent opportunities for promoting health, including teaching effective parenting skills as well as health teaching in sexual equality. Nurses need to encourage the attendance of both parents and encourage fathers to become active and involved in all aspects of parenting. It is also important that nurses take special care that women and men of low socioeconomic status and women at risk, attend these classes. Brown et al. (1981) point out:

> It is important to remember that often the people who most need the support and assistance of organized classes are those who do not attend them... Nurses must endeavour to reach the people who need intervention the most. (p. 63)

Macleod (1980) points out that realities of violence must be emphasized to dispel widespread myths that the woman deserves to be beaten, and that it is natural for men to be aggressive. Women must be encouraged to share their problems

instead of hiding them behind guilt and self-blame. An important community intervention can begin in the general school system. Nurses in consultation with educational administrators can arrange special classes where school children can be taught about sex and violence. The establishment of formal health teaching in the school curriculum could include such topics as values and laws surrounding family life, as well as the presentation of family models which do not present an image of women as dependent, but present them in a wide variety of roles. Courses can also be offered in marriage preparation, available services, and the rights and alternatives if one is abused. Courses should be offered in the native language to Canada's native people (Macleod, 1980).

Women also need help in overcoming dependence on men. Macleod (1980) believes this is an important issue in helping wives that are abused. She states:

> Steps to increase the economic independence of women must be taken to reduce the isolation and dependence of women. These steps should include enforcing equal pay for work of equal value legislation...flexible work hours and parental leave allowances. (p. 127).

Nurses can join with women in fighting for these issues and they can realize the enormous strength of women working together. This is necessary when one is dealing with such deeply embedded values and structures. This can also take the form of fighting poverty at the societal level

or helping the individual man or woman at risk to find a job (Campbell and Humphreys, 1984).

The opportunities for nurses to make a significant impact in the prevention of abuse against wives, in terms of health promotion, are extensive and varied. Brown et al. (1981) point out:

> The nurse should be an advocate of women's issues in general, including wife abuse. She can provide a role model to dispel and counteract the myths surrounding the role of the female as "provocator", "enjoyer", "martyr" etc.... Nurses should be available resources for speaking engagements at community clubs and service groups to disseminate information to the public regarding such relevant issues as wife abuse. (p. 62)

With today's economic restraints and the high unemployment throughout the country, nurses must contribute to the concerns of wife abuse. With jobs increasingly difficult to find, and where expenses rise faster than income, additional stress and anxiety is created for many families.

Secondary prevention

The goal at the secondary level is accomplished through accurate diagnosis and effective treatment at the onset. The emergency nurse is extremely important in detecting wife abuse. It is at this point that a woman is most likely to seek medical or nursing care for her injuries.

It has been estimated that from eighteen to twenty-five percent of all women presented in emergency rooms may be victims of wife abuse (Campbell and Humphreys, 1984). It is therefore essential that nurses be aware of the problem and of the physical and psychological needs of abused women.

Hendrix et al. (1978) describe treatment and counselling strategies for abused wives. A direct approach is often more helpful than open-ended questions or guessing. The abused wife is often pleased to be relieved of her guilty secret. In many cases, the nurse may be the first person she has told, or the first person who expresses concern about her problem. Hendrix et al. suggest it is important:

> to take the time to listen to her, support and encourage her to share her story with you. Explore with her what she has done, what she would like to do, and what her alternatives are. Do not tell her what she should do but support her ability to think and make her own decisions. Share with her, knowledge of available resources, and encourage her to use them. Make a referral if she requests it. (p. 652)

The widespread incidence of abuse during pregnancy suggests another important area where wife abuse can be identified and nursing interventions be applied. Prenatal clinics, prenatal classes, and post-partum obstetrical units are ideal places for nurses to be especially alert to wife abuse (Campbell and Humphreys, 1984).

In community health nursing, nurses visit clients' homes and work with families on a regular basis. Brown et al., (1981) state:

> The nurse is one of the few professionals who is allowed access to the family in their natural surroundings, the home. She is in a key position in the home to pick up cues of abuse both before and after the abuse occurs. Often the nurse is not seen as a threatening person and she can develop a supportive and trusting relationship with the woman at home. (p. 63)

A sensitive approach in working with abused women, according to Campbell and Humphreys (1984), is for nurses to assess the woman's behaviour in the context of a loss and grieving process. They claim nurses must consider that a successful marriage is usually seen as the single most important achievement for women. They believe any abused woman is dealing with a significant loss of the idealized version of marriage. The woman faces the potential losses of status in marriage, financial security, a father for her children, her home, and various support systems.

Brown et al. (1981) explain that with these losses the abused wife goes through a grieving process and resolution will depend on the individual's ability to cope with the grieving process. First, the woman must learn to deal with the loss of the emotions that are generated from the lost husband and she must redistribute these emotions which were previously directed towards the husband. The grieving process serves as a guide to understanding the

abused wife's behaviour as well as a basis for nursing intervention.

Campbell and Humphreys (1984) point out that nurses must also be concerned with institutional measures. Procedures need to be initiated in all health care facilities so that all health professionals, not just nurses, are screening for abuse. Nurses, they claim, can form coalitions with other concerned groups in approaching administrators with such concerns for prevention of this abuse.

Tertiary prevention

Orem (1980) indicates this level of preventive health care is effective when an individual is able to live as an active member of a social group. At this level, prevention is aimed at rehabilitation of the severely abused wife. This individual has been victimized by physical and psychological abuse for a significant period of time and usually has experienced considerable physical and psychological damage (Campbell and Humphreys, 1984).

At this level of prevention, interventions are often carried out in transition houses or shelters. Brown et al. (1981) state, that it is important for the woman to have a totally supportive environment, at least temporarily, in order that she be able to reach decisions about her future. She may also be experiencing many of the strong emotions associated with grieving losses, and she can often be helped

at this point to achieve necessary acceptance of the losses and final resolution.

Shelters and transition houses have been established in most major cities in Canada. However, they are unevenly distributed and most tend to be located in large urban centres in southern Canada. As a result, rural and northern women are frequently cut off from any access to their facilities (Macleod, 1980). As well, many Canadian transition houses are in desperate financial situations. Macleod points out the funding for such houses is often unpredictable, not uniform even within one city, and always scarce.

Nurses can play a significant role in this area. They can become involved at the policy-making level, on governing boards of transition houses; on boards of social service funding agencies and, at the provincial planning level in order to advocate the establishment of more transition houses, and to make sure existing houses remain open (Campbell and Humphreys, 1984).

The nurse at this level can also be instrumental in advocating programs for abusive men. In Canada most of the programs for the abusers have been established during the past six years -- the first in Vancouver in 1978. These programs are still fairly new and very little research has been done. However, according to Delgaty (1984) these programs have helped some men that abuse. Nurses need to

encourage this as a useful intervention for abuse prevention and to advocate that police, judges, and probation officers make use of them, and make them a mandatory alternative to jail or legal proceedings, if necessary. Much of the literature indicates that often wives withdraw charges against their spouses because they believe that criminal conviction will result in a jail sentence, and they do not want to send their husbands to jail (Northern Labrador Women's Conference, 1978).

Other areas for nursing advocacy include working at the local and provincial level to make it easier for abused wives to find housing if they want to leave the spouse. Advocacy can take the form of working in consultation with the police and the legal profession. Finally, nurses can spread the word about abuse in all professional and social contacts.

Nurses are beginning to take an active role in dealing with wife abuse. However, progress has been slow. Nurses generally have not been involved in political advocacy mainly because, (1) traditional nursing focussed on the treatment of physical illnesses, and (2) nurses lack adequate training in working with wife abuse and families (Barnsley et al., 1982). Campbell and Humphreys state:

> Political activism is a mandatory role for nurses in changing the social structure so that women are no longer so dependent....Each individual nurse cannot be expected to take on every

> political cause that has an impact on these issues. However each nurse can make one such issue something that she becomes truly involved in.... (p. 258)

It becomes obvious from the literature review that opportunities for nurses to identify, treat and prevent abuse against wives are urgently needed. Their help and support are essential -- nurses can make a significant difference.

Implications for Policy Formulation

It seems clear from the literature that nurses can play a significant role in preventing abuse against wives. However, to assist nurses in working effectively in this area of prevention, planning and formulating of policies relevant to wife abuse are required.

Burt (1974) defines policy analysis:

> [as a] systematic approach to helping a decision maker choose a course of action by investigating his entire problem, searching out alternatives, and comparing these alternatives in the light of their consequences, using an analytic framework to bring expert judgment and intuition to bear on the problem. (p. 1)

According to this definition, policy development entails careful planning of effective alternatives, and at the same time provides direction in carrying out alternative actions. Tinkham and Voorhies (1972), when referring to the significance of policies for nursing care, indicate they

not only give direction for nursing care, but they (1) are consistent with the purposes of the agency, (2) influence directly the type and quality of nursing services given to clients and families and (3) are evaluated frequently to assure that the best interests of the people and community are their primary focus.

Much of the literature relates to normative planning which consists of goals, objectives and policies which are all interrelated and essential. The objectives are defined as the steps towards goals and they are guided by policies that link the goals and objectives. The advantages of stated objectives are: (1) they clarify the purpose of the organization, (2) they establish priorities, and (3) they provide criteria for measuring the performance. The goals are the actions and they can include a variety of responses. For example, in the health care field, goals may include actions to emphasize the prevention of illness, rather than the cure. The policy provides guidelines for the goals but at the same time, provides flexibility, consistency and an ability to effect coordination (Bergwall et al., 1974).

Health is crucial to quality of life; health care services are thus essential to abused wives. However, developing policies relevant to health services for abused wives may not be an easy task. It is only during recent years that the abuse of wives has been acknowledged by the public as a problem. Due to this late awareness, there are

very few reliable standards to guide nursing policy makers here. According to Campbell and Humphreys (1984), the pressures from today's society have made it necessary to examine and redefine the nursing role in health care services to abused wives.

According to the literature, one important step for the health planners in developing policies is to assess the characteristics that relate to the health status of a community. This requires assessing the unserved needs of the community, projecting patterns for changes of improvement, and establishing service priorities (Bergwall et al., 1974). This is possibly the first step where nursing policy makers may begin to develop health care policies for abused wives.

Once a policy has been formally written, the second step requires implementing the policy (Blum, 1974). Procedures which could assist nurses in their practice with abused wives may include development of procedures in all health care facilities and community nursing, accurate documentation of all reported cases of wife abuse, public education programs, and revision of training programs for all health care professionals (Campbell and Humphreys, 1984). In general, the policy has to be successful in promoting community services, improving facilities, and increasing knowledge about the care of abused wives, about the family and about the community at large (Bergwall et al., 1974).

From the overall review of the literature, wife abuse is seen as a very complex social and health problem. As Straus (1979) indicates, the problem requires policy changes in all support systems. Not only health services, but all professional services and social structures need to be more closely integrated so that the total needs of families suffering from violence can be more easily provided for.

Much nursing research is needed to increase the knowledge of nursing care of abused women. However, a team approach with the team consisting of nurses, police, social workers, clergy, teachers, and Inuit people themselves could be the first step towards combating abuse against Inuit women residing in the Keewatin region. As Marc Lalonde (1975) wrote, "A nation of healthy people can do those things that make life worthwhile, as the level of health increases so does the potential for happiness" (p. 55).

CHAPTER III

METHODOLOGY

This study attempted to determine the prevalence of abuse among Inuit women and examine the role of the nurse in the detection, prevention, and control of wife abuse in the Northwest Territories. This chapter describes the six major parts of the methodology.

Geographical Area

The Northwest Territories consists of sixty-four communities which are divided by the Federal government into five regions. These regions are Baffin, Keewatin, Kitikmeot, Inuvik and Fort Smith. This study involved the Keewatin region.

The Keewatin region is divided into seven communities, with a total population of 4,356, including an Inuit population of 3,867. The seven communities with population estimates in this region are given in Table 1. (Census obtained from Report on Health Conditions in the Northwest Territories, 1982, p. 23). The geographical boundary of the region is shown in Figure 3.

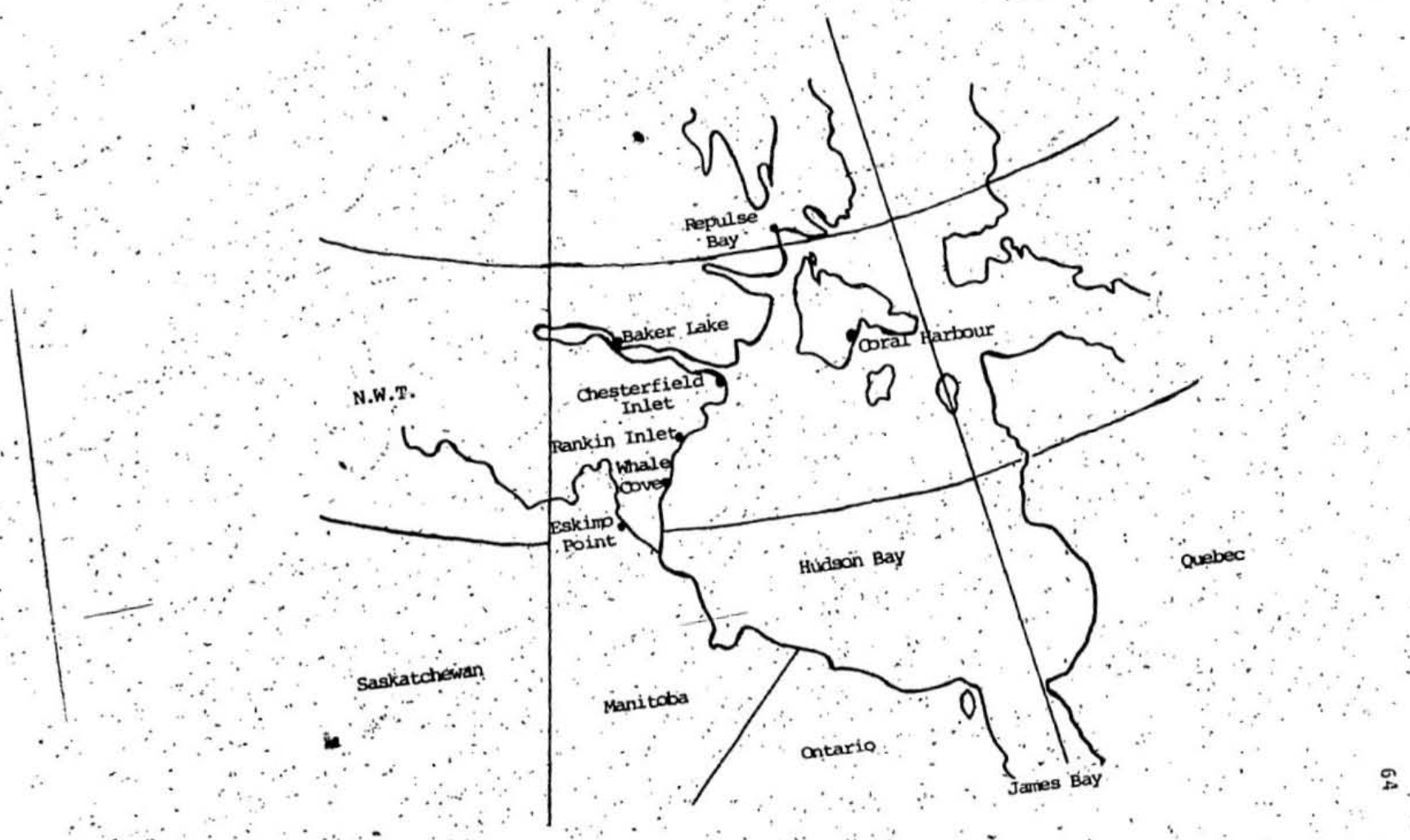

Figure 3. Keewatin Region
Northwest Territories

Table 1

Communities and Population Estimates
June, 1982, Keewatin Region

	Inuit	Indian	Other	Total
Communities				
Baker Lake	858	0	101	959
Chesterfield Inlet	204	0	21	225
Coral Harbour	408	0	27	435
Eskimo Point	1,006	0	44	1,050
Rankin Inlet	853	10	263	1,126
Repulse Bay	371	0	14	385
Whale Cove	167	0	9	176
Total	3,867	10	479	4,356

Population

The population of this study consisted of the following groups within the Keewatin region: nurses, social workers, police, clergy, school principals, and Inuit leaders. These groups were selected to provide data on abuse against Inuit women. The groups comprised fifty-nine people. Details of the distribution of the groups are shown in Table 2.

Table 2

Population of Groups, 1984
Keewatin Region

Community	Nurses	Social Workers	Police	Clergy	School Principals	Inuit Leaders
Baker Lake	4	1	2	4	1	2
Chesterfield Inlet	1	-	-	1	1	1
Coral Harbour	1	-	-	3	1	1
Eskimo Point	2	1	2	3	1	1
Rankin Inlet	5	1	4	4	1	1
Repulse Bay	1	-	-	2	1	1
Whale Cove	1	-	-	1	1	1
Total	15	3	8	18	7	8

As shown in Table 3, 59 questionnaires were mailed out, of which 31 usable questionnaires were returned. There were 28 non-respondents. Fourteen of the fifteen nurses responded (93%), but only seventeen of the forty-four non-nurses (39%). All three social workers responded, three of the eight police officers responded. Of eighteen clergy, three provided usable responses, three returned questionnaires unanswered, and three others indicated, when telephoned, that they felt they were not qualified to

complete the questionnaire. Four of the seven school principals returned usable questionnaires, with two others indicating by telephone that they were unable to complete the questionnaire. Four of the eight Inuit leaders responded. Table 3 shows the number of respondents and non-respondents by groups.

Table 3

Respondents and Non-Respondents by Groups

Groups	Received Questionnaires (n = 59)	Usable Returned Questionnaires (n = 31)	Non-Respondents (n = 28)
Nurses	15	14	1
Social Workers	3	3	0
Police	8	3	5
Clergy	18	3	15
School Principals	7	4	3
Inuit Leaders	8	4	4

With the exception of the social worker group, all three of whom responded, the data collected from the non-nursing groups does not provide a clear picture of the extent of abuse against Inuit women residing in the Keewatin region,

as perceived by groups. Moreover, the data collected from both nursing and non-nursing groups indicate estimates rather than firm data, since most agencies indicate they do not record cases of wife abuse and therefore do not have accurate statistics. As well, there may be duplication of reported cases. As one respondent said, "Many women are constantly battered several times during a year".

Instrument

Data was collected by means of a questionnaire (See Appendix B). The questionnaire consisted of two sections. The first section of eighteen questions requested data on abuse against Inuit women as perceived by professional groups working in the Keewatin region and Inuit leaders. The second section of eight questions related to the role of the professional nurse and it was administered only to nurses. The questionnaire was constructed by the researcher. Specific content areas included in the questionnaire were based on the conceptual framework for the study, the literature review, and the researcher's professional experience with abused women.

Validity

The questionnaire was evaluated by the researcher's supervisory committee, members of the Administration department, fellow graduate students and a social worker who is familiar with the native Inuit. It was evaluated in terms of clarity, suitability, relevance and readability. Deletions and additions were made as suggested.

Administration of Questionnaire

A questionnaire with a covering letter explaining the study was sent to nurses, social workers, police, clergy, school principals, and Inuit leaders in each community (See Appendix A). These individuals were asked to complete the questionnaire, based upon their experience with abused Inuit women, and to return the instrument to the researcher in a stamped self-addressed envelope. Six weeks after the initial mailing, those who had not returned their questionnaire were contacted by a follow-up letter, (See Appendix C), and four weeks later non-respondents were contacted by telephone. Due to the delay in receiving further questionnaires, the initial questionnaire was again mailed to all respondents who still had not returned the instrument. To increase the likelihood of more returns, telephone calls were placed for a second time to a number of respondents.

All questionnaires received up to January 15, 1985, were included in the study. Appendix D presents in summary form the data from the questionnaires.

Data Analysis

Upon receipt of the completed questionnaires, data from them were arranged in frequency and percentage distributions, along with related statistics. The proportions of total responses to the items in both sections of the instrument are displayed and discussed.

CHAPTER IV

ANALYSIS OF DATA

In keeping with the research questions of this study, the analysis of data is directed towards the extent and severity of wife abuse, and the role of the nurse in the prevention, detection and treatment of abuse against Inuit women in the Keewatin region of the Northwest Territories.

Findings are based on data received from a questionnaire consisting of two sections, namely, The Inuit Wife Abuse Survey and The Nursing Intervention of Abused Women Survey. Material in this chapter is organized so that each of the eight questions posed in the statement of the problem is discussed in order. Data obtained from nurses will be compared to data from police, social workers, clergy, school principals, and Inuit leaders. These respondents will be referred to respectively as the nursing and non-nursing groups.

Nature and Extent of Wife Abuse

Question 1: What is the incidence, type and severity of abuse against Inuit wives?

Six items of the questionnaire (See items 3-8, Appendix B) attempted to find out the incidence and severity

of abuse against Inuit wives. The data from responses to each of the six items will be presented in turn, each item in its own table.

Incidence of Physical Abuse

Table 4 indicates the extent of physical abuse reported by respondents. The question asked was "How many women in your jurisdiction do you know were physically abused during the past year?" (See Appendix B, Item 3). Of the fourteen nurses who returned questionnaires, twelve knew women who had been physically abused. The number known ranged from 0 to 25, with a median of four. For the sixteen non-nurses who responded to this question, three knew of no women who were physically abused during the past year, the other thirteen knew from one to twenty-five.

Table 4

Number of Women Known to Respondents to Have Been Physically Abused During the Past Year

Number of Women Known to Have Been Physically Abused	Nurses (n = 14)	Others (n = 16)
0	2	3
1-5	6	6
6-10	1	3
11-15	0	1
16-20	0	0
21-25	5	3

Hospitalization

In an attempt to determine the severity of the abuse towards the women, respondents were asked, "Of those Inuit women who were physically abused, how many required hospitalization? (i.e., one night or more spent in a health care facility)" (Item 5). Table 5 lists the number of women requiring hospitalization by each group of respondents.

Table 5

Number of Women Requiring Hospitalization as Perceived by Groups

Number of Women Requiring Treatment	Nurses (n = 13)	Others (n = 13)
0	5	5
1-5	8	7
6-10	0	1

Of the thirteen nurses who responded to this question, five did not know of any women hospitalized and another five recalled only one woman admitted to hospital, and three reported knowing only two requiring hospitalization. Five of the non-nursing group did not recall knowing any woman admitted to hospital, seven reported knowing only one to three, whereas one of the police reported as many as eight.

Treatment Other Than Hospitalization

To obtain further information on the severity of the abuse, respondents were asked, "How many required treatment (i.e., first aid, medical care) but not hospitalization"? (Item 6). Table 6 shows the number of women requiring treatment.

Table 6

Number of Women Requiring Treatment as Perceived by Groups

Number of Women Requiring Treatment	Nurses (n = 14)	Others (n = 14)
0	1	5
1-5	10	7
6-10	3	1
11-15	0	0
16-20	0	1

Of the fourteen nurses who responded to this question, as many as thirteen reported they had provided treatment to abused women in their practice. The non-nursing group showed similar findings that more women required first aid, medical care, rather than hospitalization. Five of the fourteen respondents did not recall a single case requiring treatment, however, one exceptional finding was made by one policeman who reported knowing as many as twenty cases.

Most Frequent Kinds of Physical Abuse

The respondents were asked, "Please describe in detail the most frequent kinds of physical abuse you have treated" (Item 7). Table 7 lists the kinds of injuries resulting from abuse as reported in order of frequency as mentioned by nursing and non-nursing groups.

Table 7

Physical Injuries Resulting From Physical Abuse as Reported by Respondents

Kinds of Injuries Sustained From Physical Abuse	Nurses (n = 12)	Others (n = 6)
1. Contusions, Abrasions, Lacerations, Black eyes, Bruises	12	5
2. Fractures, Arms, Jaw	5	2
3. Burns, Miscarriage, Vaginal bleeding	2	0
4. Injured back	1	0

The most frequent types of physical abuse ranged from assaults causing bruises, cuts, lacerations and black eyes to more severe injuries, such as fractures of arms and jaw. From the twelve nurses who responded to this question, only one nurse did not observe any kind of physical abuse. Yet, seven nurses indicated the most common injury they had

observed was bruises, while another five said they had seen mostly lacerations. In addition, one nurse stated, "people only visit the nursing station if they are unconscious or lacerations need suturing". Two nurses also reported that the abuse they had seen were reported to them to have been mostly by fists and feet, and kicking and punching of the woman. Although no weapons were directly involved, one nurse did report that a knife was used to threaten one woman.

Only six respondents from the non-nursing group replied to this question. The findings were similar to the nursing group, with the most common injuries listed as fractures, cuts and black eyes. One of the police said, "they generally beat the arms, legs and torso, and avoid the head - the scars are not so visible in these areas". Again, the data revealed that the methods used included kicking, punching and using fists and feet. One respondent said, "Most cases have involved the beating of the wife with fists. None have involved the use of a weapon. Generally the women are hit and pushed around." Another reported women suffer pain and discomfort due to over-sexed husbands.

Incidence of Psychological Abuse

Table 8 shows the incidence of psychological abuse. The question asked was, "How many women in your jurisdiction

do you know were psychologically abused during the past year?" (Item 4).

Table 8

Number of Women Known to Respondents to Have Been Psychologically Abused during the Past Year

Number of Women Known to Have Been Psychologically Abused	Nurses (n = 12)	Others (n = 16)
0	1	6
1-5	4	2
6-10	1	3
11-15	0	0
16-20	0	0
21-25	1	0
Many	6	3
More than 50	0	1
60 (2 communities)		1

There was some variability among both groups of respondents regarding the number of women psychologically abused. The number of women abused as reported by the nursing group ranged from none in one community to twenty-five in another. Six of the twelve nurses who responded indicated they suspected many women but they were unable to provide accurate numbers due to non-documentation of cases.

Similar findings were reported from non-nursing group. Of the sixteen who responded to this question, six indicated knowing no cases of psychological abuse while one reported more than fifty and another reported sixty cases from a total of two communities. Again it was indicated there were no accurate statistics available relating to women psychologically abused.

Most Frequent Kinds of Psychological Abuse

To determine the severity of psychological abuse towards Inuit wives, respondents were asked the question, "Please describe in detail the most frequent kinds of psychological abuse you have observed" (Item 8). Table 9 shows the most frequent kinds of psychological abuse to Inuit wives.

Table 9

Types of Psychological Abuse to Inuit Wives as Reported by Respondents

Types of Psychological Abuse	Nurses (n = 11)	Others (n = 9)
Degradation and Humiliation	7	5
Threats to Wife and Children	5	0
Accusations, Insults, Criticisms	3	4
Infidelity	2	1
Financially Deprived	1	1
Fear of Children's Safety	1	1
Sexual Abuse	0	1

Eleven nurses described incidents of psychological abuse. The data indicates that the most frequent types included accusations of sexual affairs, as well as degradation, threats and humiliation, such as, embarrassment of the woman in public; the woman is told she is stupid, or not smiling enough; and she is unfaithful to him. In regards to threats, the most common, was where the man states he will commit suicide if the woman leaves him. Other responses suggested that women are deprived of financial support by husbands and they suffer stress and anxiety as a result of their concern for their children's well-being and safety.

The findings from the non-nursing group were similar to the nursing group. Nine of the seventeen respondents reported they had observed various kinds of psychological abuse. Again, accusations and threats to the woman were the most frequent findings. Four reported that women were accused by their husbands of being unfaithful. However, husbands openly showed their desire for other women. One respondent indicated this kind of abuse has involved "acts such as sending a woman out to find another woman, and then making love in front of the woman; constant put-downs, suspicion, and accusations about infidelities." One of the police said, "The female is thought of as a second class citizen and she is treated as such". This idea was supported by one respondent who indicated that men treat their women far less than equals, especially unmarried mothers and women who are in their teens. These findings correlate with much of the literature review. Other findings by respondents suggested women are deprived financially by their husband, and experience stress and anxiety for the safety of their children.

Acceptance of Abuse by Inuit Wives

Two items of the questionnaire (Items 9 and 10) attempted to obtain information regarding Inuit women's acceptance of the abuse and the age at which the abuse most frequently occurs. Each item will be presented in its own table.

To find out how abused Inuit wives perceive the abuse, respondents were asked the question, "Of the Inuit women who have experienced wife abuse, how many perceive their situation as being acceptable? (i.e., Husband has a right to beat her, she deserved the punishment.)" (Item 9). Table 10 lists the groups' perceptions of Inuit women's acceptance of abuse.

Table 10

Abused Inuit Women's Acceptance of Abuse as Perceived by Groups.

Inuit Women's Acceptance of Abuse	Nurses (n = 13)	Others (n = 14)
None	3	2
Few (less than 1/3)	4	6
Some (1/3 - 1/2)	1	6
Most (more than 1/2)	4	0
All	1	0

There was some variability and discrepancy between responses of the two groups with respect to abuse acceptability. Whereas twelve of the non-nursing group perceived approximately thirty percent to fifty percent and less than thirty percent of women accepting the abuse,

only five of the nursing respondents perceived this percentage of women accepting the abusive behaviour. Five out of thirteen nurses reported they perceive most or all Inuit women accepting the abusive behaviour.

Age of Abused Women

Table 11 indicates the age of women in which abuse more frequently occurs as reported by groups. The question asked was, "Estimate the percentage of wife abuse which occurs in your area in each of the following age categories" (Item 10). Ages ranged from less than twenty years old to more than sixty-five years of age, with the greatest proportion of abused women being between twenty to forty years of age.

Table 11

Age Categories of Women Where Abuse Occurs as Reported by Nursing and Non-Nursing Groups

Age Categories of Inuit Women	Nurses (n = 12) Mean Percentage	Others (n = 14)
Less than 20 years	16	15
20 - 40 years	76	68
41 - 65 years	8	15
More than 65 years	0	2

Twelve of the fourteen nurses who responded to this question indicated they did not know of any woman abused over 65 years of age. The non-nursing group reported a similar finding. Out of fourteen respondents five reported knowing only a small percentage.

Summary

In determining the incidence of physical and psychological abuse against Inuit wives, the overall data indicates that both types of abuse exist in the Keewatin region. In addition, women required first aid, medical care, and hospitalization. However, there were fewer women requiring hospitalization. The degree of severity resulting from physical abuse ranged from lacerations to more serious injuries such as, miscarriage and fractures. The most common kind of psychological abuse reported was degradation and humiliation of the woman. With respect to Inuit wives' acceptance of the abuse by their husbands, in general, nurses perceived the wives as more receptive to the abuse than did the non-nursing groups. The data further revealed that the majority of abused women are between twenty to forty years of age.

Alcohol Consumption and Wife Abuse

Question 2: Is there a relationship between alcohol consumption and wife abuse?

One item of the questionnaire attempted to determine whether there is a relationship between alcohol and wife abuse (Item 11). The data from the responses will be presented in tabular form.

Alcohol and Wife Abuse

Table 12 indicates the relationship between alcohol and wife abuse as reported by the respondents. The question asked was, "In the cases of wife abuse that you have dealt with, how often is alcohol associated with the abuse?" (Item 11).

Table 12

Cases of Wife Abuse and Alcohol Association as Reported by Respondents

Cases of Wife Abuse Associated with Alcohol	Nurses (n = 13)	Others (n = 14)
Never	3	3
Occasionally (less than 1/3)	2	2
Some of the time (1/3-1/2)	1	2
Most of the time (more than 1/2)	3	6
All of the time	4	1

Both nursing and non-nursing groups reported that the majority of all abuse cases involved the use of alcohol. Nursing group reported seventy-seven percent whereas non-nursing group reported seventy-eight percent. Generally, the data revealed that alcohol is a contributing factor to wife abuse, however it is difficult to predict accurately due to the unavailability of information about the alcohol consumption of non-abusers. Again the nature of the association between alcohol and abuse is unclear, since it is not specified who was drinking at the time the abuse occurred.

Unemployment and Wife Abuse

Question 3: Is there a relationship between unemployment in the family and wife abuse?

Item 12 of the questionnaire sought to obtain information on family status. Respondents were asked, "In general, what is the primary source of financial support to the family in which these abused women are living?" The sources of income are shown in Table 13.

Table 13

Frequencies of Nursing and Non-Nursing Groups Indicating the Main Sources of Financial Support in Families Where Abuse Occurs

	Category	Nurses (n = 14)	Others (n = 15)
1.	Unemployment Insurance	1	1
2.	Social Assistance	6	4
3.	Husband/Male Employed	3	2
4.	Social Assistance and Husband/Male Employed	2	2
5.	Both Employed	0	0
6.	Social Assistance and Both Employed	1	6
7.	Wife Employed	1	0

A majority of both the nursing and non-nursing groups reported that the primary source of income of abused families was social assistance. In some instances this income was supplemented by other sources of employment. For example, six of the nurses listed social assistance as the sole source of income. However, in some cases the husband and/or wife was employed. Only one respondent indicated the family income was solely from the wife's employment. Although the question was intended to elicit the family's primary source of income, many respondents gave more than one source, thus it is difficult to determine

the actual relationship between abuse and family economic status. The difficulty is compounded by the unavailability of economic data on families not involved in abuse. From the literature review this may not be a significant factor contributing to the abuse (Spady et al., 1982).

Services to Inuit Women

Question 4: What support systems are presently available for abused women?

Four items of the questionnaire (See Items 1, 2, 13, 14, Appendix B) attempted to determine who provided services and the kind of services available to abused Inuit wives. The data from the responses to each of the four items will be presented in order, each item in its own table.

Agencies Providing Services

Table 14 lists the agencies providing services to abused Inuit wives. Respondents were asked, "Does your agency/group provide services to abused Inuit women?" (Item 1). All nurses indicated provision of services to abused Inuit women, whereas thirteen of the non-nursing group indicated they provide services.

Table 14

Agencies Providing Services to Abused Women as Reported by Respondents

Agencies Providing Services	Number of Responses from Agency (n = 34)	Number of Agency's Respondents Saying Yes (n = 27)
Nursing	14	14
Police	3	2
Social Services	3	3
Clergy	6	3
School	4	1
Inuit Group	4	4

Surprisingly, there was a lack of services provided by clergy. Of eighteen clergy in the region, only three had returned usable questionnaires. Three others, as reported earlier, had returned questionnaires unanswered while three others indicated by telephone they were unable to complete the questionnaire, including one who reported that discussion of wife abuse was taboo and never talked about. According to most writers throughout the literature review, it is this deeply rooted social reticence that prevents women from speaking out and not seeking protection. With respect to police, one of the three respondents stated he was new in the agency and did not know if services were

provided. According to this finding it is perceived that this service is not a priority with police. Also, this perception is supported by the number of unreturned questionnaires by police. Only three out of eight respondents returned questionnaires. This finding was unexpected because both the literature review and the researcher's experience with wife abuse, indicated that the police were essential in helping prevent wife abuse.

Kinds of Services Provided to Abused Inuit Women

To assess the kinds of services provided by agencies, the question was asked, "If yes, what kind of services does it provide? (Please check all that apply.)" (Item 2). Table 15 shows the kinds of services and the frequency reported by each group.

Table 15

The Kind of Services Provided Abused Inuit Women As Reported by Groups

Services Provided	Nurses (n = 14)	Others (n = 13)
1. Supportive Individual Counselling	11	11
2. Family Counselling	3	8
3. Housing/Shelter	0	3
4. Financial Assistance	0	5
5. Medical Care/First Aid	14	0
6. Child Care	0	2
7. Counselling for Involved Husbands/Males	6	7
8. Legal Assistance	0	4
9. Other	1	6

All fourteen nurses reported they provide first aid or medical care. In addition, eleven nurses indicated they provide supportive individual counselling, while six nurses provide counselling services for involved husbands or males. Family counselling was another service provided by three nurses. One nurse reported that she informs patients of their right to call the police, and helps them to place this call (long distance) to report the incident.

In relation to the services provided by the non-nursing group, the most frequent response was supportive individual counselling. The second most frequently supplied service was family counselling. Only two subjects, social workers, indicated provision of a service to children. Six non-nursing respondents indicated additional services, including protection for women during the crisis period, provision for transportation of women to another community, provision of emergency shelter, prayer meetings, and two indicated providing education and referral of women to appropriate agencies.

Similar to the nursing group, seven respondents indicated they provide counselling to involved husbands or common-law husbands. It is interesting to note this finding from the data collection. According to the literature, it is only most recently that this service has been acknowledged as being an important aspect in the

prevention of wife abuse. Although one nurse reported that spouses are usually not interested in counselling, forty-three percent of nursing respondents and fifty-four percent of non-nursing respondents provided this service to the abusers.

In general, all agencies/groups, with the exception of school principals provide a combination of various services to the abused.

Counselling Services to Abused Inuit Women

Tables 16 and 17 show the extent of counselling services offered by both respondent groups. The respondents were asked to "Indicate the amount of counselling services to abused Inuit women by professional groups in your community. (Please check all that apply)" (Item 13).

Table 16

Amount of Counselling Services Provided by Agencies to Abused Inuit Women as Estimated by Nursing Group

Agencies Providing Counselling Services	Nurses (n = 14) None	Minimal	Extensive
Nursing	0	10	4
Social Services	4	4	6
Inuit Groups	8	4	2
R.C.M.P.	4	10	0
Clergy	2	10	2
Teachers	12	2	0
Other	0	0	0

Table 17

Amount of Counselling Services Provided by Agencies to Abused Inuit Women as Estimated by Non-Nursing Group

Agencies Providing Counselling Services	Others (n = 16) None	Minimal	Extensive
Nursing	0	11	5
Social Services	0	5	11
Inuit Groups	1	12	3
R.C.M.P.	2	13	1
Clergy	2	13	1
Teachers	12	4	0
Other	0	2	0

When comparing the extent of counselling services offered by both respondent groups, ten of the fourteen nurses said they provide minimal counselling, whereas four nurses perceived their counselling services to be extensive. Ten nurses perceived police as doing similar amounts of counselling. Six respondents, however, saw extensive counselling done mostly by social workers.

Within the non-nursing group, eleven respondents perceived nurses providing minimal counselling, whereas five respondents perceived nurses doing extensive counselling in this area. Inuit leaders were also perceived similar to nurses, policemen and clergy, in providing usually, minimal counselling. However, a majority of both groups believed social workers provided most extensive counselling services. Both groups also perceived teachers as doing the least amount of counselling.

Role of Nurse and Counselling Services

To find out if respondents perceived nurses as most significant in providing counselling services, each was asked the question, "Compared to other community agencies/ groups, (social workers, clergy, police, school principals, Inuit leaders) do you see the nurse playing the major role in counselling?" (Item 14). Table 18 lists the respondents' perceptions of the role of nurses in this area.

Table 18

Respondents Perceptions of Nurses and Their Role in Counselling Abused Inuit Women

Respondents	Number of Respondents (n = 29)	Respondents Perceptions Yes (n = 16)	No (n = 13)
Nurses	13	10	3
Social Workers	3	1	2
Inuit Leaders	4	2	2
Clergy	3	0	3
Police	3	2	1
School Principals	3	1	2

With respect to this question, the non-nursing group believed nurses played a minor role here. However, the majority of nurses indicated they perceived the nurse as playing the major role, whereas only six of the sixteen non-nursing group viewed the nursing role in this fashion.

Several reasons for the nurse playing a major role in counselling were given by three non-nursing respondents. One respondent said he did not feel nurses did more than others, but believed they deal with more abuse than any other group. Another respondent who did not indicate whether he perceived nurses as playing a major role, made the comment, "nurses in this community are sometimes too

busy to do a lot of counselling - social services has more." Only one respondent advocated a "team approach", where he believed all groups/agencies could play equal roles in this area of concern. A "team approach" to combating wife abuse is considered to be most important, according to the literature. Wife abuse is viewed not as one problem, but as many tangled problems, therefore involving the support and services of various agencies.

Summary

Overall, the data from both groups indicate that most agencies provide a variety of services to abused Inuit wives. Apart from medical care which is provided by all nurses, the most frequent service included counselling, where both groups perceived social workers contributing mostly in this area. The nursing group did however perceive nurses as playing a significant role in this service. Teachers were viewed by both groups as providing least services.

Policies Relevant to Wife Abuse

Question 5: Are there formally written health care policies pertaining to nursing intervention in the abuse of Inuit wives?

To determine, more specifically, if nursing procedures related to wife abuse were guided by formal policies

respondents were asked, "Does your agency have a written or unwritten policy/guidelines for intervention in the abuse of Inuit women and families?" (Item 15). Table 19 lists the agencies with existing policies.

Table 19

Agencies with Policies as Reported by Respondents

Agencies with Policies	Number Responded (n = 26)	Responses by Groups Yes (n = 9)	No (n = 17)
Nursing	13	3	10
Social Services	3	2	1
R.C.M.P.	2	2	0
Clergy	3	0	3
School Principals	1	0	1
Inuit Groups	4	2	2

Only three nurses indicated having a policy in effect in their agency. It is not clear, however, whether this policy is written or unwritten, since this was not specified.

When compared to the non-nursing group in their response to agency policies, the data indicated more policies were in effect in the non-nursing agencies. Six of the thirteen respondents reported having a policy,

however only two respondents said their agency had a formal written policy. Generally the findings indicate a majority of nurses do not follow formal policies in their practice with abused Inuit women.

Nature of Policies

Question 6: What is the nature of the present health care policies in the Keewatin region?

Two items of the questionnaire (Items 16 and 17) related to nature of policies. The data from the respondents are presented in turn, each item in its own table.

To determine the extent of existing health policies the question was asked, "If yes, what is the nature of your policy/guidelines?" (Item 16). Of the three nurses who indicated having a policy, two indicated a similar policy, while one indicated a different policy, yet all nursing stations are under one administration. Table 20 shows the nature of existing policies as reported by respondents.

Table 20

Nature of Policies Pertaining to Wife Abuse Interventions as Reported by Respondents

Nature of Policies	Nurses (n = 3)	Others (n = 6)
Documentation of Reported Cases Rape Kit and Guidelines	1	0
Referral to Other Agencies	2	2
Emergency Social Assistance	0	2
Reporting and Charging Abuser	0	2

Two nurses who stated that their agencies have a policy, indicated the policies consisted mainly of referral to other agencies, such as social services, police and clergy, and do not relate to health care. One of the three nurses indicated that the policy in the nursing station where she worked consisted of careful documentation. Moreover, the nursing station contained a rape kit with guidelines. There were no policies directly related to nursing intervention in combating wife abuse.

Two social workers from the non-nursing group reported that their policy pertained to the provision of social assistance to abused women. Two police officers indicated their policies related to the investigation of all reported cases, and charges are laid where appropriate. Overall, it

was perceived from the data that there seem to be more policies relating to wife abuse in the non-nursing group.

Need and Content of Policies

To gather information on respondents' views regarding policies the question was, "What are your views concerning both the need for and the content of such a policy/guidelines?" (Item 17). The responses ranged from knowing when to refer clients to knowing appropriate nursing care. Table 21 lists the needs and concerns for such policies as reported by nursing and non-nursing groups.

Table 21

Need and Concerns for Policies Governing Intervention in Wife Abuse as Reported by Groups

Needs for Policies	Nurses (n = 9)	Others (n = 7)
1. Formal Lines of Referral	2	0
2. Accurate Documentation of all Cases	2	3
3. Group Therapy	1	0
4. Legal Advice	0	1
5. Community Involvement	0	3

It is interesting to note four of the nine nurses who responded to this question did not see the significance for such a policy. Yet, all four had indicated they perceived the nurse as playing the major role in counselling of abused women. One nurse reported the nursing station in which she worked was mainly concerned with crisis intervention. Data obtained from the remaining five nurses indicated both a need and a concern for such policies. Responses from nurses ranged from their desire to know the formal lines of referral such as, when to report the cases of wife abuse to the police, to acquiring guidelines in provision of nursing care to the women. One nurse indicated that she experienced difficulty working with abused women in her practice because there were no police in the community in which she worked. She believed that if the reporting of incidents were made mandatory, more charges would be laid by the police. Generally, these five nurses did see the need for a policy or guidelines to help them in their intervention with abused wives.

Seven of the non-nursing group who responded indicated a need for policy and guidelines. The responses indicating the content of such policies varied. However, the findings indicate this is an area of concern. One respondent reported that his agency is in the process of considering how best to prevent abuse against the women. Three indicated the need for community involvement with one

emphasizing the need for involvement by the Inuit people. This respondent stated "the counselling/support system ideally should come from the community - groups from the outside are seen as "southern" directed and they are shunned". Although two social workers reported having a written policy for provision of financial assistance, all three indicated the need for more policy making in this area.

In order to obtain further information regarding wife abuse in general, respondents were asked the question, "Do you have any additional comments related to wife abuse in the Inuit population?" (Item 18). Seven of the fourteen nurses and nine out of seventeen non-nurses responded to this question. The responses focussed mainly on the unavailable conditions, such as lack of accommodations and financial support for Inuit women and, areas towards prevention of the abuse. Table 22 shows the main concerns of the respondents relating to wife abuse.

Table 22

Concerns and Views Related to Wife Abuse as Reported by Nursing and Non-Nursing Groups

Concerns Expressed by Respondents	Nurses (n = 7)	Others (n = 9)
1. Public and Formal Education	4	3
2. Available Accommodations	1	1
3. Available Financial Support	1	3
4. Alcohol Restriction	1	2

The additional comments by the respondents indicate wife abuse is a concern among the groups. The main concern expressed by the nursing respondents focussed on the area of prevention. Preventive measures suggested included public and formal education to increase awareness of the problem; accommodations to be made available for women and children; more financial support be made available; and alcohol be restricted in the community. In addition, one respondent indicated there is more abuse in the communities than actually reported, but explained the Inuit women have good reason to hide the abuse. She stated, "they don't have many options open to them, and when the husband returns to the community she is at his mercy".

Nine from the non-nursing group who responded to this question indicated again the need for prevention. As well, the responses revealed why women accept the abuse. As one respondent reported, "there are a number of women who do not report the abuse, mainly because they are ashamed. They believe it was their fault, and they deserved it." Another respondent said women refuse to seek help because they are looked down on by families in the community if they report the abuse. One respondent viewed the problem as lying within the community, to some extent. This respondent believed that a more coordinated and cooperative effort among the various support systems is needed to deal effectively with the issue of wife abuse.

Summary

The overall data indicated the majority of nurses do not follow policies in their practice with abused women. However, most reported a policy would be helpful for them to work more effectively with abused wives. The non-nursing group revealed similar findings. Comments by both groups indicated changes towards prevention of wife abuse. The main areas of concern towards prevention included public and formal education, available accommodations for women and children, financial support for women and alcohol restriction in the community.

Nursing Intervention

Question 7: How do nurses perceive their role in preventing abuse against Inuit women?

To examine the nurses' perception of their role in the prevention of wife abuse in the Keewatin region, a questionnaire was sent only to nurses, as described in Chapter Three of this study. The areas of investigation included the professional basic training of the nurses, the content of the nursing school programs related to nursing intervention of wife abuse, nurses' involvement with other agencies relative to wife abuse and the changes nurses perceive to be essential in preventing wife abuse.

Professional Training and Nursing School Programs

The first item of the questionnaire (Appendix B, Section II) attempted to find out if nurses working in the northern nursing stations had received additional nursing training. The question asked was whether the respondent was a graduate of a diploma program or a bacculaureate program.

Table 23

Nursing School Programs from which Nurses Graduated as Reported by Nursing Respondents

Nursing School Program	Nurses (n = 13)
Diploma Program	5
Baccalaureate Program	4
Diploma and Baccalaureate Program	2
Diploma and Outpost Nursing Diploma	1
Diploma and Public Health Diploma	1

From Table 23 it can be seen that six graduated from a baccalaureate program and seven from a diploma program. Two of the seven had acquired additional training, one with a diploma in outpost nursing, and the other acquiring a diploma in public health.

Further information was sought to determine if nurses had acquired training with respect to wife abuse, and whether they considered it adequate and necessary. The respondents were asked the following questions, "Did your nursing program include training in intervention of wife abuse?", "If Yes, comment on the adequacy of the methods of intervention in wife abuse.", "Do you feel this area should be included in nursing programs?" (Item 2).

The findings revealed that for the majority of nurses, this area of study was not included in either of the nursing programs. Only three of the nurses indicated that wife abuse was mentioned in their formal training. It is interesting to note that the three respondents who indicated wife abuse was mentioned in their training, had graduated from a diploma program. However, one had later acquired a baccalaureate degree.

In terms of the adequacy of the training regarding abused wives (Item 2, b), the findings revealed the topic was only very briefly discussed. One reported the teaching was relevant in mental health courses, while another indicated she was taught counselling techniques. She also reported that the teaching was minimal, with the focus mainly on support of the wife.

When respondents were asked to indicate if they believe the topic of wife abuse should be included in nursing school programs (Item 2, c), as many as ten indicated they believe this kind of training should be made available to nurses in nursing school programs.

Nurses' Involvement with Other Agencies

Three items of the questionnaire (See items 3-5), Appendix B) related to nurses working with other agencies towards the prevention of wife abuse. The data from the

responses of each of the three items will be presented in turn, each item in its own table.

Table 24 relates to Item 3 which consists of two questions, a) "Do you work with other agencies in the community towards prevention of wife abuse?" and b) "If yes, please specify which agencies." (Appendix B). The findings indicate eight out of thirteen respondents do work with other agencies. The agencies include clergy, police, medical personnel, school, social services and alcohol and drug centres.

Table 24

Agencies Nurses Work with in Community as Reported by Nursing Respondents

Agencies Worked with by Nurses	Frequency of Responses (n = 13)
Social Services	8
Police	5
Clergy	4
Medical Personnel	2
School	1
Alcohol and Drug Centre	1

Apart from one respondent who reported there were no other agencies in the community in which she worked, the overall data from other respondents indicated nurses work in combination with several agencies. However, social services is the agency with which all nurses work most frequently. Police were the second most likely group worked with in the community.

To determine if nurses worked with wife abuse victims themselves, or referred them to other agencies, respondents were asked, "Have you referred wife abuse victims to other agencies?" and "If yes, how often?" (Item 4, a and b). Table 25 shows the number of nurses who refer wife abuse victims and how often they refer.

Table 25

Number of Nurses Who Refer Wife Abuse Victims and Frequency of Referral as Reported by Respondents

Frequency of Referral	Responses by Nurses (n = 13)
All of the time	5
Most of the time (more than 1/2)	5
Some of the time 1/3 - 1/2)	1
Occasionally (less than 1/3)	0
None of the time	2

The findings show that ten of the thirteen nurses refer clients to other agencies, most or all of the time. Only one respondent indicated she referred clients some of the time. One of the two who indicate they do not refer clients stated there was no other agency in the community.

To determine if nurses perceived the treatment provided by other agencies as adequate, they were asked, "Were you satisfied with the treatment given by the agency?" and "If no, please specify." (Item 4, c and d). Table 26 indicates the responses by nursing respondents.

Table 26

Treatment Given by Other Agencies as Perceived by Nursing Respondents

Treatment Given by Other Agencies	Responses as Perceived by Nurses (n = 9)
Satisfied	7
Not Satisfied	2

The table shows the majority of nurses indicated they were satisfied with the treatment given by the agency. Two who said the treatment was not adequate indicated it was due to the infrequent visits by social workers.

Item 5 sought to determine if abused women had sought help from other sources, such as safe homes, shelters, transition houses, outside the community. Only one of the thirteen respondents indicated knowing one such case; the abused woman moved with relatives to another community and assistance was provided the woman by social services.

Another concern attempted to reveal if there were abused women who do not report the abuse. To determine this finding the respondents were asked, "During the past year, how many Inuit women do you suspect experience wife abuse in your area but have not sought assistance?" (Item 6). Table 27 shows the number of cases of abused women who have not sought help as reported by each respondent.

Table 27

Incidence of Suspected Wife Abuse as Reported by Nurses

Number of Cases of Suspected Wife Abuse	Responses by Nurses (n = 13)
0	0
1-10	2
11-20	3
21-30	0
31-40	2
41-50	2
Many - Several	3
Unknown	1

The data revealed a wide variety of responses. All respondents are aware that this phenomenon is evident in the communities. Although one respondent indicated only one case, two respondents indicated as many as fifty cases.

Changes Perceived as Necessary in Combating Wife Abuse

Question 8: What changes do nurses identify as required to deal more adequately with the problem of wife abuse?

Two items of the questionnaire attempted to have nurses identify changes required to deal more adequately with the problem of wife abuse. The two questions were, "What changes would you like to see in preventing abuse against Inuit women?" and "Are there any additional comments which you feel would be helpful or are there areas of concern for the delivery of health services to abused Inuit women?" (Items 7 and 8).

Eleven responded to Item 7 while five responded to Item 8. The data from both items were closely related, and thus have been combined in one table. Table 28 provides a summary of the most common changes needed in the North to help abused Inuit women.

Table 28

Suggestions for Preventing Wife Abuse Made by Nursing Respondents

Changes toward Prevention	Frequency of Respondents (n = 15)
A. Education: Public Awareness	8
B. Available Accommodations	8
C. Changes in Legal System	5
D. Financial Support	1
E. Restriction of Alcohol	2

The responses obtained from the questions were not surprising. The changes required to deal more effectively with wife abuse victims in the North were similar to those changes suggested in the literature. The changes indicated from the respondents, to help abused women in the North, involved three main areas of concern. These concerns are public education (public awareness of the problem); changes in the legal system; and available and adequate accommodations for abused victims. In respect to public education, this ranged from creating individual and community awareness to the establishment of formal education in the school curriculum. Eight of the fifteen respondents indicated public education as a most essential factor in the prevention of abuse against Inuit women. One was specific;

she indicated using the media as a method of increasing the public's awareness of the problem. Six respondents also believed the first step towards prevention of wife abuse should begin with an introduction in the formal school system.

With regard to the legal system, five respondents indicated changes for improvement in laws, with the most respondents indicating harsher sentences for the abusers. The need for accommodations such as safe homes and shelters for abused women was expressed by eight of the respondents, with safe homes seen as the most essential form of accommodation. Two respondents indicated the need for drop-in centres and crisis intervention centres for the women. The provision for financial support to abused women was another concern revealed in the findings, as well as the need for restriction of alcoholic beverages in the community.

Summary

The overall findings revealed a majority of nurses had not received any training in respect to care for abused wives and families, although most indicated they believe it is an essential aspect towards effective nursing care of abused wives. The data also revealed most nurses refer abused wives to other agencies with social services as the most frequent agency. The major changes indicated were

public and formal education; improved conditions in the legal system; and available accommodations.

The findings generally indicated Inuit women are experiencing conditions associated with abuse similar to women in the South. However, women hide this abuse. The literature indicates that such issues as lack of public awareness of the problem and unavailable accommodations create frustrations for professionals working with abused women. The concerns as expressed by both groups seem to indicate that professionals working in the North are experiencing similar feelings in their attempt to help abused Inuit women and families.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The intent of this study was two-fold: (1) to investigate abuse against Inuit wives residing in the Keewatin region of the Northwest Territories, and (2) to examine the nature of the nurse's role in combating abuse against Inuit wives. This study attempted to assess:

1. The incidence, type and severity of abuse against Inuit wives.
2. The relationship between alcohol consumption and wife abuse.
3. The relationship between unemployment in the family and wife abuse.
4. The support systems presently available for abused women.
5. Health care policies pertaining to nursing intervention in the abuse of Inuit women.
6. The nature of the present health care policies in the Keewatin region.
7. How nurses perceive their role in preventing abuse against Inuit wives.
8. Changes identified by nurses as necessary to deal more adequately with the problem of wife abuse.

A theoretical framework for the study was based upon a nursing conceptual model of self-care developed by Orem (1980). The general theory is based on the concept of self-care which is defined as "the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being" (p. 35). In this study, abused Inuit women are viewed as clients who are experiencing a decrease in self-care. Nurses are thus perceived as responsible for intervening with abused Inuit women, to increase their self-care status.

The related literature supported the aims of this study. The literature indicated that abuse against women is acknowledged as a national social and health problem, one that requires changes in nursing practice in order to better meet the needs of abused women.

From a sample of subjects including fifteen nurses, three social workers, eight policemen, eighteen clergy, eight Inuit leaders and seven school principals, thirty-one usable questionnaires were returned. The questionnaire utilized in this study was based upon the conceptual framework, the literature review, and the researcher's experience with abused women. Information was collected regarding abuse towards Inuit women and nursing intervention with abused women, based upon the working experience of the subjects with Inuit women and families.

Summary of Findings

In analyzing the data obtained from the questionnaire, each of the eight research questions of this study was addressed. Frequency distributions, indicating proportions of subject responses to the areas of wife abuse and nursing intervention, were displayed.

Findings indicated considerable physical and psychological abuse towards Inuit women by husband or common-law husband in the Keewatin region. From the nursing group, all respondents indicated dealing with cases of physical and/or psychological abuse against women during the past year. Thirteen respondents from the non-nursing group reported they knew cases of wife abuse. In addition, from the total sample, twenty-one respondents reported knowing cases where women required treatment, first aid or medical care, and another fifteen respondents indicated they knew women who required hospitalization, one night or more spent in a health care facility (See Tables 4, 5, 6, 8).

The data further revealed that respondents perceived abuse of women to be more prevalent than the actual cases reported by the groups. Some of the reasons expressed by the respondents for this situation were: women are ashamed; they believe it is their fault; they deserve it. Other respondents stated the women do not report the abuse because they know there is no place for them to go for immediate

shelter. Others refused to seek help because they are looked down on by families in the community.

Regarding the most frequent kinds of physical abuse, responses ranged from assaults causing bruises, cuts and lacerations to more severe injuries, such as fractures of arms and jaw. Five respondents indicated the methods most frequently used in the abuse were fists and feet and pushing the woman.

Most frequent types of psychological abuse included accusations of sexual affairs; degradation; threats and humiliation. The findings also revealed women are financially deprived by their husbands. Concern for safety of children was also expressed as concerns of abused Inuit women.

A majority of the abused women were between twenty to forty years of age, and living at a low socioeconomic status. The major source of income was social assistance, however, some families did receive additional income from periodic sources of employment.

In the area of Inuit women's acceptance of abusive behaviour, the nursing respondents perceived women to be more receptive to the abuse than did the non-nursing group. Five of the nursing group but none of the non-nursing group perceived that most of the Inuit women accepted the abusive behaviour (See Table 10).

Concerning services to abused women, both groups provide a combination of assistance. Apart from first aid,

and medical care offered by all nurses, the most frequent services included individual counselling, family counselling, and counselling to involved husbands or common-law husbands.

Relative to the amount of counselling services offered, both groups perceived social workers providing the most extensive counselling, while teachers were seen as doing the least. Both groups considered nurses to do minimum amounts of counselling.

Fifty percent of nursing respondents and sixty-two percent of non-nursing respondents believed clergy did a minimum amount of counselling. Interestingly, from a sample of eighteen clergy, only three completed and returned questionnaires, nine did not respond and six reported they do not provide any type of service because they do not become involved with the problem of wife abuse.

With respect to the nurse's playing the major role in counselling, the non-nursing group perceived nurse's playing a more minor role in this area than did the nursing group. Although nursing respondents reported doing a minimum of counselling, a high percentage believed it is an essential role for nurses.

Another area of investigation focussed on agency policies. Although a majority of nurses believed that nurses play the most significant role in counselling, most nurses do not follow formal policies in their practice with abused women. Only twenty-five percent of nurses indicated having a policy, and this pertained mainly to referral to

other agencies rather than to direct nursing care.

Four respondents from the non-nursing group indicated having formal policies. However, these policies related mostly to legal and financial assistance to the women in crisis rather than prevention of abuse.

Only three nurses did not see the need for such a policy. However, a majority of nursing respondents indicated such a policy would help them to work more effectively with the women. There was a strong indication from the non-nursing group that a need for policies was essential. All respondents stated they believed formal policies were necessary towards developing more effective measures in preventing wife abuse.

Relative to the content of such policies, responses were not surprising. Both groups' concerns are closely associated with those indicated in the literature. Responses ranged from accurate documentation of all reported cases of abuse to a need for precise counselling skills, to organizing a coordination of services by the various agencies.

Relative to nurses' training in the area of intervention, findings correlated strongly with the literature. A majority of nurses had not received any training in their nursing programs, relative to wife abuse. Most nurses believed, however, that such training is essential and it should be included in nursing school programs in order to help them work more effectively with abused women.

The data also pointed out that most nurses refer abused women to other agencies. Social services was viewed most frequently as the agency with which nurses work, and police were seen as the second most likely group with whom nurses consulted. None of the nurses indicated a working relationship with Inuit people, nor did they indicate a referral of clients to them. The treatment provided by other agencies were perceived by most nurses to be adequate. However, two respondents believed social workers did not visit the abused women frequently enough.

Nurses indicated many changes are absolutely necessary to help abused women. Again most of the changes are closely associated with those in the literature. Major changes would indicate public and formal education; changes in the legal system; available accommodations for women and children during the crisis period; and increased financial support for women. Two respondents believed the restriction of alcohol in the community would be one method of helping prevent abuse against Inuit wives.

Conclusions

Based upon the data presented in this study, the following conclusions can be drawn.

1. Although the response rate (sixty percent) was low, overall findings pertaining to the number of women physically and psychologically abused in a one year period

indicate that wife abuse is a significant social and health problem within the Keewatin region.

2. Wife abuse is a disguised problem in the northern communities as elsewhere. Canadian studies have indicated there are approximately ten unreported cases for every reported case by an abused woman (Macleod, 1980). The findings from this study are supported by the literature review. For example, Campbell and Humphreys (1984), point out that women do not usually report the abuse because they are ashamed and humiliated, anxious to protect their children, and scared of what might be done to them if they speak out.

3. It can be concluded that a factor which may contribute to the disguised problem is the traditional attitude of both professionals and community members. Some of the reasons for the number of unreturned questionnaires from clergy and Inuit people may be that wife abuse is viewed as a private family matter, and one does not become involved voluntarily. One respondent clearly indicated he did not wish to complete the questionnaire because wife abuse is more or less taboo, and therefore not talked about. This attitude serves to prevent abused women from seeking or attaining protection.

4. There may be an association between alcohol and wife abuse. According to some social scientists, intoxication can be used as a convenient excuse for abusing wives. It gives man the excuse to express his need for power (Campbell and Humphreys, 1984). This is worth noting

since it is possible that Inuit men may feel powerless in their own society, where most rules are made by non-Inuit people from the outside.

5. It can be concluded Inuit people do not share equal responsibility with other support groups in the community. Not only did several Inuit representatives not return the questionnaire, but there was not mention made of referral to Inuit people by the nursing group. If this conclusion is accurate, it implies that both professionals and Inuit people need to recognize that Inuit leaders do provide counselling and can play an essential role in preventing abuse against wives.

6. There seems to be a lack of communication among the helping professionals in the local communities with respect to wife abuse. There is some communication among nurses, social workers and police but no real team approach or regularized procedures to working with other groups. Moreover, clergy, school principals and Inuit leaders seem minimally involved.

7. There is an urgent need for preventive measures in helping abused women and families. A majority of both nursing and non-nursing groups indicated that there are no specific written or unwritten policies relating to wife abuse interventions. It would appear that nurses have very little guidance from their administrators here. It also appears

that individual nurses use their own discretion when responding to the needs of abused women. For example, all nursing stations are under one administration, yet only one nurse stated that she documents all reported cases of wife abuse.

8. Inuit women are a high risk group for abuse by husbands. According to the literature, low socioeconomic status acts as a causal factor in wife abuse, creating excessive stress within the family (Campbell and Humphreys, 1984). A majority of abused women were living at a low socioeconomic status which may increase their risk. Most abused women were between twenty to forty years of age, the period of childbearing years where the woman is most isolated and most dependent. The literature points out that abuse increases during pregnancy. As the conceptual framework of this study pointed out, high risk victims are particularly inclined to decreased self-care.

9. Although the findings showed abuse is a common phenomenon, it can be concluded that nurses, social workers and R.C.M.P. officers perform the majority of services.

10. Inuit women have no place to escape from their abuse. There is a lack of accommodations and financial resources available to aid the abused women.

11. Although there are no formal programs in effect, some counselling is provided to both abused women and the abusers. However, children were not considered in

respect to this service. This was not the expected response since most of the literature differs on this viewpoint. The literature points out that professionals tend to focus on the needs of children over the needs of the abused mother (Barnsley et al., 1982).

12. The majority of the nurses did not receive training in their nursing school programs relating to nursing care for abused women and families. They did believe, however, that such is essential to work more effectively with abused women. It can also be concluded that nurses perceive themselves as being essential in helping abused women.

Recommendations

The role of nursing with respect to wife abuse is relatively new and, consequently, there has been very little research conducted in this area. However, current attention to the health care of abused women forces an examination and redefinition of the nursing role relative to family care. This is essential for nursing as a profession. Nurses need to recognize that abuse against women does happen, that it is a health problem, and that it does require changes in the principles of nursing practice. Clearly, abused Inuit women are in need; they are experiencing decreased self-care. Nurses have a responsibility to promote the self-care of Inuit women, the family, and the community as a whole.

Similarly the roles of clergy and other professionals need re-examination.

The recommendations that result from this study are based on the primary, secondary and tertiary levels of prevention, which point out areas for changes in nursing practice.

1. Changes in Nursing Policy and Practice

It is suggested that appropriate steps be taken towards preventive measures for abused Inuit women and they be initiated by Medical Services, Department of National Health and Welfare, at the nursing administrative level, and in consultation with the Association of Registered Nurses of the Northwest Territories. While preventive measures must reflect local needs of the Inuit women and families, a written formal policy must be implemented, with these needs receiving first priority. The following objective should be a consideration for such a policy:

> To provide assistance and support to abused women and their families, based on a thorough assessment, identification of needs and strengths, goal planning and evaluating of services.

Such an objective could be incorporated by first developing a nursing station protocol which possibly could include the following actions:

(a) That the nursing care plan include, not only the usual physical health assessment but also a thorough social health assessment, which should be given to all women, especially pregnant women, that visit the nursing

station.

(b) Awareness of signs and symptoms of abuse. Recognize the possible physical signs such as bruises, lacerations, black eyes, and fractures; be particularly sensitive to the woman's appearance, such as covering of arms and legs; and be especially alert to the woman who hesitates about discussing how the injuries occurred.

(c) Encouragement of the woman to talk - take time to listen to her; provide support, empathy and encouragement; inform the woman if any available alternatives exist; inform her of her legal rights and respect her decision without judgment.

(d) Safety provision for woman and children, especially during crisis period.

(e) Accurate charting and documentation of all cases of wife abuse and report all cases where it is appropriate and in agreement with the woman's wishes.

(f) Where is is applicable, a referral of all cases to a community health nurse, for follow-up and evaluation of abused woman and family.

(g) Inuit community health representatives to work in consultation with the nurse in this area of nursing care. This would serve to create a more familiar and non-threatening environment for the Inuit woman, increase greater opportunity in understanding the woman in terms of language and cultural barriers, and promote involvement of native Inuit women in the area of wife abuse.

2. Changes in Policy and Practice: Professional Groups

It is recommended that appropriate policy/guidelines regarding wife abuse with clear statements of responsibilities and procedures, be adopted by all professionals operating in this area, particularly by clergy and educational administrators.

3. Education

Formal - It is evident from the findings of this study, a majority of respondents believed the first step towards prevention of wife abuse should begin in the school. From this perspective, teachers are viewed as a significant group in helping prevent abuse against women. It is recommended that school principals and nurses work together in planning and implementing a formal health preventive program into the formal school system.

Public - Several of the respondents indicated they believed public awareness was essential in preventing abuse against Inuit women. Actions creating this awareness were also suggested, such as a community team approach. With these findings it is suggested that community support groups together with Inuit leaders work as a team in organizing, coordinating, and implementing a plan of action aimed at helping abused Inuit women and families in the Keewatin region. The researcher together with other support groups

implemented such an approach in another northern community. This approach was effective in helping abused women, children and families (Piercey, 1984).

4. Political Action

It is recommended that support agencies and Inuit representatives assume a coordinating role at the political level. Together, they can lobby for funds from Medical Services and the Government of the Northwest Territories. Such funds could be used to provide accommodations for abused wives, new programs of assistance, and make available opportunities for professionals and Inuit representatives to attend workshops in large centers, and take part in inservice programs relative to wife abuse.

5. Changes in Educational Training

It must be recognized, for effective policy and educational development, that special training is required by nurses. Abuse against wives must become a consideration within the nursing profession. It is essential in the future that nursing schools focus on the social as well as on the physical aspects of nursing care for families suffering from wife abuse. It is recommended that nursing school programs consider the development of wife abuse interventions in the school curriculum. Such educational content could include, understanding the nature of wife abuse; strategies and preventive programs for the woman, the children and the abuser; nursing care interventions at

all three levels of prevention; the legal implications associated with abuse; a knowledge of all available community resources and, their role in contributing towards the prevention of wife abuse. Nurses should be made aware of their pivotal, leadership role in the professional team involved with wife abuse. This topic can be taught in an R.N. program, in a Bachelor of Nursing program, and where necessary in special-in-service programs.

Although data were not collected in this research study concerning the training of other professionals, it is evident from the limited number and kind of responses received that little emphasis is placed on this topic in training programs, especially those for clergy and school principals. In order to plan effective preventive measures both at the family and community level, it is essential that all such professionals become familiar with the problems associated with wife abuse. It is therefore recommended that all professional schools involved with the family and the community implement in their educational training programs courses directed towards the detection and prevention of wife abuse. Where necessary, in-service programs should be established to meet this need.

Preventing abuse against Inuit wives will only be possible when nurses, police, social workers, clergy, teachers and Inuit people themselves understand the crucial role they each play independently and together in this

health and social issue. In this team approach, the pivotal role of the nurse must be recognized. Inuit women, children and men have a right to live together in peace and dignity with each other -- this is possible and it can be accomplished when the support and the services of all groups work together in harmony towards the same goal.

6. Further Research

It is recommended that a great deal of additional research be carried out in the area, including such studies as the following:

1. A similar study using Inuit women as respondents.
2. Studies of current and desired curriculum content dealing with wife abuse in nursing school programs, and in the training programs of other professional groups especially clergy and school administrators.
3. A study of the effect of wife abuse on all members of the family, including husbands and children.
4. Studies focusing on the development of preventive programs aimed at wife abusers, and on the role of the nurse in these programs.
5. A study examining in greater detail the relationship of wife abuse with alcoholism and unemployment, comparing abusers with non-abusers.

6. An in-depth study using a broader sample of nurses, dealing with their personal feelings with respect to family violence, and their views about their professional role in this area.

Concluding Statement

This survey has addressed a potential new dimension to the role of the nurse. Nurses are usually women, in isolated communities often the only women in authority to whom abused women can look for counselling. In the Keewatin region, nurses, operating in every community and involved in the medical treatment of all severely abused wives, are in a unique position to be involved in counselling. Social workers, sometimes women, are few in number, occupy positions of potential threat to women, and operate only in the larger communities. What emerges from this study, with implications not only for the Keewatin region, but possibly throughout the North and in society generally, is the need for a new social service dimension to the role of the nurse, particularly in counselling abused women.

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APPENDIX A

INITIAL LETTER TO RESPONDENTS

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101
Tel.: (709) 737-7647/8

Dear

I am a registered nurse currently enrolled in the School of Graduate Studies in the Department of Educational Administration, Memorial University of Newfoundland. As part of my program, I am conducting a research study to examine the extent of abuse against Inuit women residing in the Keewatin region. I am also interested in gathering data pertaining to nursing intervention with abused Inuit women.

Your participation in the study involves answering questions based on the information that you have obtained through your working experience with Inuit women. All answers will remain anonymous and you do not need to identify yourself personally.

Thank you for your time and cooperation. It is greatly appreciated.

Sincerely,

Minnie Piercey
Graduate Student

Thesis Supervisor

APPENDIX B

QUESTIONNAIRES

Questionnaire

The following questions relate to the abuse of Inuit women by their spouses - their husbands or by any male with whom they may be living in a common-law relationship. The terms "wife abuse" or "abused women" are used interchangeably. This questionnaire is not concerned with the abuse of women in other situations, for example, the abuse of female children by the fathers, or of mothers by their sons.

Examples of Physical Abuse

Physical abuse may range from assaults causing bruises to more severe injuries requiring extensive medical treatment. (Unless otherwise specified, this questionnaire refers to physical abuse only.)

Examples of Psychological Abuse

Psychological abuse may take the form of insults, criticisms and accusations or any verbal humiliation or degradation of the women.

Please answer all questions based on your experience working with Inuit women. Some of the questions require you to check the most appropriate answer and some require specifics. Where specifics may not be available to you, please give the best estimate that you can, based upon your experience.

Please indicate the agency you work for.

__ Nursing Station
__ R.C.M.P.
__ Social Services
__ Clergy
__ School
__ Inuit Group

Inuit Wife Abuse Survey

1. Does your agency/group provide services to abused Inuit women?

   __ Yes
   __ No

2. If yes, what kind of services does it provide? (Please check all that apply.)

   __ Supportive Individual Counselling
   __ Family Counselling
   __ Housing/Shelter
   __ Financial Assistance
   __ Medical Care/First Aid
   __ Child Care
   __ Counselling for Involved Husbands/Males
   __ Legal Assistance
   __ Other (please specify) _____

3. How many women in your jurisdiction do you know were physically abused during the past year?

   1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __

   9 __ 10 __

   __ None

   __ More (please specify) _____

4. How many women in your jurisdiction do you know were psychologically abused during the past year?

   1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __

   9 __ 10 __

   __ None

   __ More (please specify) _____

5. Of those Inuit women who were physically abused, how many required hospitalization? (i.e., one night or more spent in a health care facility)

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __

9 __ 10 __

__ None

__ More (please specify)

6. How many required treatment (i.e., first aid/medical care) but not hospitalization?

1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __

9 __ 10 __

__ None

__ More (please specify) _____

7. Please describe in detail the most frequent kinds of physical abuse you have treated.

8. Please describe in detail the most frequent kinds of psychological abuse you have observed.

9. Of the Inuit women who have experienced wife abuse, how many perceive their situation as being acceptable? (i.e., Husband has a right to beat her, she deserved the punishment.)

___ None
___ Few (less than 1/3)
___ Some (1/3 - 1/2)
___ Most (more than 1/2)
___ All

10. Estimate the percentage of wife abuse which occurs in your area in each of the following age categories.

___ Less than 20 years old ___
___ 20 - 40 years ___
___ 41 - 65 years ___
___ More than 65 years ___

Total 100%

11. In the cases of wife abuse that you have dealt with, how, often is alcohol associated with the abuse?

___ Never
___ Occasionally (less than 1/3)
___ Some of the time (1/3 - 1/2)
___ Most of the time (more than 1/2)
___ All of the time

12. In general, what is the primary source of financial support to the family in which these abused women are living?

___ Unemployment Insurance
___ Social Assistance
___ Husband/Male employed
___ Both employed
___ Wife employed

13. Indicate the amount of counselling services to abused Inuit women by professional groups in your community. (Please check (✓) all that apply.)

	None	Mihimal	Extensive
Nursing			
Social Services			
Inuit Groups			
R.C.M.P.			
Clergy			
Teachers			
Other (please specify) _____			

14. Compared to other community agencies/groups, (social workers, clergy, R.C.M.P., educational administrators, Inuit leaders) do you see the nurse playing the major role in counselling?

__ Yes
__ No

15. Does your agency have a written or unwritten policy/ guidelines for intervention in the abuse of Inuit women and families?

__ Yes
__ No

16. If yes, what is the nature of your policy/guidelines?

17. If no, what are your views concerning both the need for, and the content of such a policy/guidelines?

18. Do you have any additional comments related to wife abuse in the Inuit population?

Nursing Intervention of Abused Women Survey

This section is related to nursing intervention with abused Inuit women.

1. Are you a graduate of a

   ___ Diploma Program
   ___ Baccalaureate Program

2. a) Did your nursing Program include training in intervention of wife abuse?

      ___ Yes
      ___ No

   b) If yes, comment on the adequacy of the methods of intervention in wife abuse.

   c) Do you feel this area should be included in Nursing Programs?

      ___ Yes
      ___ No

3. a) Do you work with other agencies in the community towards prevention of wife abuse?

      ___ Yes
      ___ No

   b) If yes, please specify which agencies.

4. a) Have you referred wife abuse victims to other agencies?

__ Yes
__ No

b) If yes, how often?

__ Occasionally (less than 1/3)
__ Some of the time (1/3 - 1/2)
__ Most of the time (more than 1/2)
__ All of the time

c) Were you satisfied with the treatment given by the agency?

__ Yes
__ No

d) If no, please specify.

5. a) Have wife abuse victims sought help outside the community?

__ Yes
__ No

b) If yes, where did they go?

__ Transition House
__ Safe Home
__ Other (please specify) _____

c) How adequate was the help obtained?

6. During the past year, how many Inuit women do you suspect experience wife abuse in your area but have not sought assistance?

7. What changes would you like to see in preventing abuse against Inuit women?

8. Are there any additional comments which you feel would be helpful or are areas of concern for the delivery of health services to abused Inuit women?

APPENDIX C

FOLLOW-UP LETTER

MEMORIAL UNIVERSITY OF NEWFOUNDLAND
St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101
Tel.: (709) 737-7647/8

September 10, 1984

Dear

Earlier this summer you were mailed a questionnaire dealing with the incidence of wife abuse in your area. Since then I have not received your completed questionnaire. Your response is absolutely essential to the success of this study.

Analysis of the information in this study is due to begin by October. Therefore, if you have not already mailed your questionnaire would you please do so at your earliest convenience in the self addressed stamped envelope previously supplied.

Thank you for your cooperation in this matter.

Yours sincerely,

(Miss) Minnie Piercey

APPENDIX D

SUMMARY OF QUESTIONNAIRE RESPONSES

Questionnaire

The following questions relate to the abuse of Inuit women by their spouses - their husbands or by any male with whom they may be living in a common-law relationship. The terms "wife abuse" or "abused women" are used interchangeably. This questionnaire is not concerned with the abuse of women in other situations, for example, the abuse of female children by the fathers, or of mothers by their sons.

Examples of Physical Abuse

Physical abuse may range from assaults causing bruises to more severe injuries requiring extensive medical treatment. (Unless otherwise specified, this questionnaire refers to physical abuse only.)

Examples of Psychological Abuse

Psychological abuse may take the form of insults, criticisms and accusations or any verbal humiliation or degradation of the women.

Please answer all questions based on your experience working with Inuit women. Some of the questions require you to check the most appropriate answer and some require specifics. Where specifics may not be available to you, please give the best estimate that you can, based upon your experience.

Please indicate the agency you work for.

14 Nursing Station
3 R.C.M.P.
13 Social Services
6 Clergy
4 School
4 Inuit Group

Inuit Wife Abuse Survey

1. Does your agency/group provide services to abused Inuit women?

   27 Yes
   7 No

2. If yes, what kind of services does it provide? (Please check all that apply.)

   22 Supportive Individual Counselling
   11 Family Counselling
   3 Housing/Shelter
   5 Financial Assistance
   14 Medical Care/First Aid
   2 Child Care
   13 Counselling for Involved Husbands/Males
   4 Legal Assistance
   7 Other (please specify) _____

3. How many women in your jurisdiction do you know were physically abused during the past year?

   1 1 2 4 3 3 4 3 5 1 6 0 7 0 8 4

   9 0 10 0

   5 None

   9 More (please specify) _____

4. How many women in your jurisdiction do you know were psychologically abused during the past year?

   1 1 2 2 3 1 4 0 5 2 6 1 7 1 8 1

   9 1 10 0

   7 None

   12 More (please specify) _____

5. Of those Inuit women who were physically abused, how many required hospitalization? (i.e., one night or more spent in a health care facility)

1 7 2 5 3 2 4 1 5 0 6 0 7 0 8 1

9 0 10 0

10 None

0 More (please specify)

6. How many required treatment (i.e., first aid/medical care) but not hospitalization?

1 2 2 5 3 2 4 2 5 6 6 0 7 0 8 3

9 0 10 1

6 None

1 More (please specify) _____

7. Please describe in detail the most frequent kinds of physical abuse you have treated.

1. Contusions, Abrasions, Lacerations, Black eyes, Bruises n = 17
2. Fractures, Arms, Jaw n = 7
3. Burns, Miscarriage, Vaginal Bleeding n = 2
4. Injured Back n = 1

8. Please describe in detail the most frequent kinds of psychological abuse you have observed.

1. Degradation and Humiliation n = 2
2. Threats to Wife and Children n = 5
3. Accusations, Insults, Criticisms n = 7
4. Infidelity n = 3
5. Financially Deprived n = 2
6. Fear of Children's Safety n = 2
7. Sexual Abuse n = 1

9. Of the Inuit women who have experienced wife abuse, how many perceive their situation as being acceptable? (i.e., Husband has a right to beat her, she deserved the punishment.)

5	None
10	Few (less than 1/3)
7	Some (1/3 - 1/2)
4	Most (more than 1/2)
1	All

10. Estimate the percentage of wife abuse which occurs in your area in each of the following age categories.

		Mean Percentage
17	Less than 20 years old	15
26	20 - 40 years	72
21	41 - 65 years	11
6	More than 65 years	1
	Total	99%

11. In the cases of wife abuse that you have dealt with, how often is alcohol associated with the abuse?

6	Never
4	Occasionally (less than 1/3)
3	Some of the time (1/3 - 1/2)
9	Most of the time (more than 1/2)
5	All of the time

12. In general, what is the primary source of financial support to the family in which these abused women are living?

2	Unemployment Insurance
10	Social Assistance
5	Husband/Male employed
0	Both employed
1	Wife employed

13. Indicate the amount of counselling services to abused Inuit women by professional groups in your community. (Please check (/) all that apply.)

	None	Minimal	Extensive
Nursing	0	21	9
Social Services	4	7	17
Inuit Groups	9	16	5
R.C.M.P.	6	23	1
Clergy	4	23	3
Teachers	24	6	0
Other (please specify) _____	0	2	0

14. Compared to other community agencies/groups, (social workers, clergy, R.C.M.P., educational administrators, Inuit leaders) do you see the nurse playing the major role in counselling?

16 Yes
13 No

15. Does your agency have a written or unwritten policy/guidelines for intervention in the abuse of Inuit women and families?

9 Yes
17 No

16. If yes, what is the nature of your policy/guidelines?

1. *Documentation of Reported Cases* n = 1
2. *Referral to Other Agencies* n = 4
3. *Emergency Social Assistance* n = 2
4. *Reporting and Charging Abuser* n = 2

17. If no, what are your views concerning both the need for, and the content of such a policy/guidelines?

1. *Formal Lines of Referral* $n = 2$
2. *Accurate Documentation of All Cases* $n = 5$
3. *Group Therapy* $n = 1$
4. *Legal Abuse* $n = 1$
5. *Community Involvement* $n = 4$

18. Do you have any additional comments related to wife abuse in the Inuit population?

1. *Public and Formal Education* $n = 7$
2. *Available Accommodations* $n = 7$
3. *Available Financial Support* $n = 4$
4. *Alcohol Restriction* $n = 3$

Nursing Intervention of Abused Women Survey

This section is related to nursing intervention with abused Inuit women.

1. Are you a graduate of a

   7 Diploma Program
   6 Baccalaureate Program

2. a) Did your nursing Program include training in intervention of wife abuse?

   3 Yes
   10 No

   b) If yes, comment on the adequacy of the methods of intervention in wife abuse.

   1. *Topic briefly discussed*
   2. *Adequate in Mental Health Courses.*
   3. *Minimal Training in Counselling Techniques Mainly concerned with support of wife*

   c) Do you feel this area should be included in Nursing Programs?

   10 Yes
   3 No

3. a) Do you work with other agencies in the community towards prevention of wife abuse?

   8 Yes
   5 No

   b) If yes, please specify which agencies.

   Social Services n = 8
   Police n = 5
   Clergy n = 4
   Medical Personnel n = 2
   School n = 1
   Alcohol & Drug Centre n = 1

4. a) Have you referred wife abuse victims to other agencies?

11 Yes
2 No

b) If yes, how often?

0 Occasionally (less than 1/3)
1 Some of the time (1/3 - 1/2)
5 Most of the time (more than 1/2)
5 All of the time

c) Were you satisfied with the treatment given by the agency?

7 Yes
2 No

d) If no, please specify.

Infrequent visits by Social Worker.

5. a) Have wife abuse victims sought help outside the community?

1 Yes
12 No

b) If yes, where did they go?

__ Transition House
__ Safe Home
1 Other (please specify) *With Relatives*

c) How adequate was the help obtained?

Assistance provided by Social Services.

6. During the past year, how many Inuit women do you suspect experience wife abuse in your area but have not sought assistance

Cases Suspected	Responses (n = 13)
0	0
1-10	2
11-20	3
21-30	0
31-40	2
41-50	2
Many - Several	3
Unknown	1

7. What changes would you like to see in preventing abuse against Inuit women?

Number of Responses = 7

8. Are there any additional comments which you feel would be helpful or are areas of concern for the delivery of health services to abused Inuit women?

Number of Responses = 5

Responses from Items 7 and 8 Combined

Changes	Responses
A. Education	8
B. Available Accommodations	8
C. Changes in Legal System	5
D. Financial Support	1
E. Restriction of Alcohol	2